FOR STATE **HEALTH DEPI** processory, proceeditions and the continuous should be executed within 24 hours after death. Any delay is necessary, proceedings the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 2 inneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12:)
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2100

усло выдерженой Jours Respirer in the country and one one and Wig attendance forth an anogua-arterierolement Community Cooleman TO THE PROPERTY OF THE PARTY OF [Decel] DE COLOR DE LA COL • germen - Student Lynn, a wegg

ly filled in by the funeral s. Pages I and 2 should O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

O INTERAL DIRECTOR: After this certificate has been signed by the attending physician and comply filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with a Takours after death.

TO 0

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 2 1 1 CERTIFICATE OF DEATH

16	ULL									250		
1. PLACE OF DEA	ATH			2	. USUAL RESI	IDENC	E (Where de			Residen	ce before	admission)
e. COUNTY	Cedil		MARYLA	ND	e. STATE	hio		b. COU	NTY		L	
b. CITY OR TOW	'N (if outsida corporete limits,	1	c. LENGTH OF STAY I				outside corpo	orate limits, writ	e RURAL a	ind give	neerest tov	vn)
write RURAL	end give neerest town)		7E		0	17	. 7		72		2	
- U	Point SPITAL OR INSTITUTION (if no	at in hospit	35 years		d. STREET ADD		eland		15	X		ESIDENCE
											ON	A FARM?
	Administrati	on H			4315		nison	Avenue				NO X
3. NAME OF DECEASED	First		Middle		Lest		4. DATE OF	Mont	h	Dey	Yae	r
(Type or print)	CALVI		Α.		ALDER		DEATH	Novem		13		61
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. [DATE OF BIRTH		9.	AGE (In yeers lest birthdey)	Months		Hours	MIn.
Male	White w	IDOWED	DIVORCED [2-25-92			68 yrs.	Months	Deys	nours	Min.
10e. USUAL OCCU	PATION (Give kind of work	10b. KIN	D OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE	(County	& Stele, or	foreign country	12. 0	ITIZEN C	F WHAT	COUNTRY?
unkn	f working life, even if ratired)	1	unknown		Maryl	and				USA		
13. FATHER'S NAM			A111110 WIL	11	. MOTHER'S MA		AME			ODA		
	William Al	dom			Dhasha	Th:						
15 WAS DECEASED	EVER IN U.S. ARMED FORCES		OCIAL SECURITY NO	17 TAT	Phoebe	Pl	tts	Addres				
(Yes, no, or unkown) (If yes give wer or delas of servi	ce)										
Yea	WW-I		None	Hosp	ital Re	COL	ds, V	AH, Per	ry P	oint	, Md	-
	F DEATH [Enter only one cau										TERVAL BE	
PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Brond	chopneumon	ia,	bilater	al,	sever	ce			7-10	days
14	DUE TO											
Conditions, if	any, which) (b)	Carci	inoma of t	he r	ight pa	rot	id gla	and wit	h	6	-7 m	onths
geve rise to imr	mediete ceuse		astasis to									
(e), stating the	e underlying				0.0							
	THER SIGNIFICANT CONDITIO	NS CONT	RIBUTING TO DEATH B	UT NOT	RELATED TO THE	TERMINA	AL DISEASE	CONDITION GI	VEN IN PA	RT 1(e) 1	19. WAS /	AUTOPSY
<u>e</u>											PERFO	NO 1
ZOO. ACCIDENT	WAS UNDERLYING [] 20	DECC	RIBE HOW INJURY OC	CLIBED (inter nature of inte	ume in De	et Lor Part II	of item 18)	-		153	140
OR CONTRIBUT	ING CAUSE OF DEATH	DESCI	KIBE HOW INJURY OC	CORED. (I	mer nerure or my	ury mre	on torren	01 110111 10.7				
1	TIFY MEDICAL EXAMINER)								1111			
20c. TIME OF I		20d. IN While	Not While		OF INJURY (Hom , street, office bld		20f. (City	or town)	(C	ounty)		(Stete)
LLI.	.m. VA 19	et work					1					
	y that XIX (MEXIXED STATE)	Kattende	ed the deceased	from De	cember	3.3. 1	926, td	[ovembe	r131	96.Lx	dsaco(bico	twei tax
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
22e. SIGNATU			ALALA MANAGAMA	i illai u	l occured	J.5.4) yaur		2110 011	1110		b. DATE
226. 31014710	1 D		. 0.1		ATTENDING PHYS.	IM F	ED.	STAFF PHYS. DC				SIGNED
22c. PHYSICIA	Mis Carlo III	any	The state of the s	M.D.	22d. ADDRES.	_	L.			12.15		20-0
NAME (T		TEV	Asst. Clin	Icoi			+ 77.4	II Dame	D-		7/12	
						ORTB						
230. BURIAL, CREA	AATION, 236. DATE THEREO	1/	23c. NAME OF CEM					ATION (City, to				State)
KEMOVAL	11/1///	4/	Arl:	ingt			Ar	lingto	n, Vi	rgi	nia	
24 PUNERAL DIREC	TOR'S SIGNATURE	-	ADDRESS			e. REC'	D BY REGIST	TRAR 25b. RI	GISTRAR'	S SIGNA	TURE	
Rennin	gran gran,	Havr	e de Grac	e, I	Id.	MEN 2	2 161	Clai	wn 8 1	Trava		

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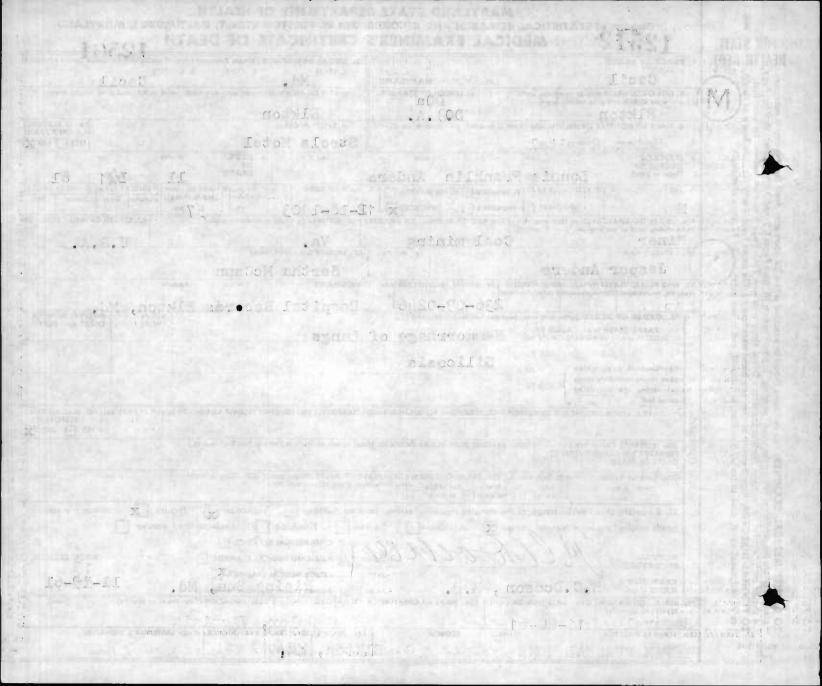
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where decassed livad, If Institution: Residence before edmission) I. PLACE OF DEATH director, Page or your files. e. COUNTY Page a. STATE b. COUNTY Cecil MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Soard of P write RURAL and give nearest town) DUA Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Steels Motel Union Hospital YES NO NAME OF Middle 4. DATE Month Year DECEASED the (Type or print) Lonnie Franklin DEATH Anders 11 to f Pe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Give Pages 1, 2, and 3 to com PM3. Page 5 may be File pages 1 and 2 with went within 72 hours at last birthday) Months WIDOWED DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Miner Coal mining Va. 18. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jasper Anders Bertha McCann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgiva weror detas of servica) Hospital Recercis Elkton, Md 236-09-0216 elong wi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemmorrhage of Lungs IMMEDIATE CAUSE (e) DUE TO burial Silicosis Conditions, if eny, which (b) gave rise to immediate cause 10 DUE TO (a), stating the underlying 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY CERTIFICATION PERFORMED? cremati NO T plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing t e Chief A Page 3 s 20e. PLACE OF INJURY (Homa, ferm, ! 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should be forwarded to FUNERAL DIRECTO r its designated agent, p Suicide Homicide Undetermined manner death resulted from: Vatural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S R.C.Dodson NAME (Typa) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 22ª BURIAL CREMATION REMOVAL (Specify) 40 9 Virginia Removal 24e. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Circhan & Thrace 5M 9/60



FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4.0.7.0.0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NEALIN DEFI.	e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission)
ary,	CECEL MARYLAND	STATE MARYLAND B. COUNTY CECIL
S. C. III	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
2 % à † N	PORT DEPOSIT 11 MONTHS	X PORT DEPOSIT
: # \$ \$ B	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS e. IS RESIDENCE
d for	ROUTE 222, PORT DEPOSIT, MARYLAND	20LB LAFFEY CIRCLE PORT DEPOSIT MD YES NOT
at ta ta	3. NAME OF First Middle	Last 4. DATE Month Dey Year
de Sad	(Type or print)	ANDEDCOM DEATH Massambon / 10 47
1. d d d f f f f f f f f f f	JOHN EDWARD	ANDERSON DEATH November 4 19 61 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3		last birthday) Months Days Hours Min.
s and	Male Caucasian WIDOWED DIVORCED 9	August 1935 26 yrs.
s aff	done during most of working life, evan If retired)	
our Pass 1	Radioman U. S. Navy	Washington State U. S.
A Page		
E SE SE	Dece / Charles Anderson	Hazel Drew
Se. Girb	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((Ifyesgivewarordatesofservice)	INFORMANT Address
d in I	Yes 7-30-54,11-4-61 536 32 0144	U. S. Naval Service Record, Bainbridge, Md.
in the state of th	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	racture neck, compound fracture INTERVAL BETWEEN ONSET AND DEATH
exe lon lon ans ans	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) left tibia & fibul	
be a sell-tra		emur, Fracture right humerus,
over in p	Conditions, if eny, which \ (b) Laceration left si	de of face & forehead, Laceration
short	nava rice to immediate cause	ons finger & face, Laceration
ndin inel d as	cause last. (c) right, unner leg no	steriorly.
"pe "pe maxam use ion,		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ord ord mate	E Compound Fracture left tibia & fibula a	bove ankie. Fractures kight tibla YES NO OCK
Thi dico	ZDS. EXTERNAL CAUSE WAS PER DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert II of item 18.)
Short	PRIMARY X or CONTRIBUTING Station Wagon ran of	of road and hit a tree.
find hief bur bur bur	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, '20f, (City or town) (County) (Steta)
Page of 1	1:40tour x.m. 11-4 1961 of work Not While Rt.	#222 Port Deposit, Cicil Md.
EX ate: ate, orion	21. I certify that I took charge of the remains described above, h	
AL Hilling of the state of the	death resulted from: Natural causes . Accident X. Sui	
See Cer	(1) 1110 - 1 - 1 - 1	CHIEF MEDICAL EXAMINER
the park	ACTUAL NUMBER OF THE PROPERTY	ASSISTANT MEDICAL EVAMINED 77 17.4. 61 DATE SIGNED
AL AL	SIGNATURE	DEPUTY MEDICAL EXAMINER X
FIND SING	EXAMINER'S NAME (Type) R. C. DODSON	Address (Street, city, town, or county) Rising Sun, Maryland
Displayed its d	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
0 0 4 0 p	REMOVAL (Specify) 11-6-1961 Fort Rosecr	ans National San Diego 6 California
HH	23. FONERAL DIRECTOR ADDRESS	ans National. San Diego, 6, California.
VS. ATSME	Leea, Pattersong Son, Perryvill	
5M 9/60	www. co. co. co. co. co. co. co. co. co. co	7 DAIL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12514 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. STATE b. COUNTY					
Cecil County MARYLAN						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN						
Perry Point 15 yrs.	Pittsburgh 75x·3					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?					
VA Hospital	513 Campbell St. YES NO					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF					
(Type or print) MICHAEL J. NX	BOYLE DEATH 11 27 1961					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
Male White WIDOWED DIVORCED	4-9-90 Rest birthdey Months Deys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INT	IDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY					
done during most of working life, even if retired) Laborer	Ireland U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Michael J. Boyle	Margaret Riedy					
	17. INFORMANT Address					
Yes WWI Unknown	VA Hospital Records-Perry Point, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: Cohrohnel Homorrhage						
J IMMEDIATE CAOSE (a)						
DUE TO						
Conditions, if eny, which geve rise to immediate cause						
(e), steting the underlying DUE TO						
cause lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
Generalized arteriosclerosi	is YES NO 1					
	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)					
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20	De. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)					
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20d. INJURY OC	factory, street, office bldg., etc.)					
+ ho V i	7 10 1/2 12 27 (2 12 27 27 27 27 27 27 27 27 27 27 27 27 27					
	from 7-18-46, 19, to 11-27-61, 19, HENCELY NO.					
	that death occured 3.1.10. Mrom the causes and on the date stated above					
22e. SIGNATURE Cell whereh'	ATTENDING MED. STAFF M.D. PHYS. A DIRECTOR PHYS. 11-27-6					
22c PHYSICIAN'S	22d. ADDRESS					
NAME (TypeDHIA ALLAHVERDI, M.D.	VAH, Perry Point, Md.					
	ETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)					
REMOVAL (Specify) 11/28/196/ Calvery Co						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
Temmington & Son, Havre de Grace,	Md. DATENOV 3 0 '61 Gallag 8 #					
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9 1 2 91. All the a contract Constitution of the contract of the contrac The said of the sa STATE OF STATE OF THE PROPERTY OF A DESCRIPTION OF THE PARTY OF the contract o and the familiary beautiful and the same of the same o Pitteburgh, Pat de la compania del compania de la compania del compania de la compania del la compania de la compania del la compania de la co

FOR STATE HEALTH DEPT.

pleat Execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to 14 Eneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Paglith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL FXAMINED'S CEPTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2504

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
e. COUNTY	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	Md. Cecil
write RURAL end give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Ronowingo Rural . IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS IS RESIDENCE ON A FARM? YES \(\sum \text{ NO } \text{ NO } \sum \text{ NO } \text{ NO } \text{ NO } \sum \text{ NO }
3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Day Year OF DEATH 7.7 / 10 / 7
Kenneth Edward	Brammer 11/ 22/ 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
M. WIDOWED DIVORCED	12/22/101.0 20 Yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	
Fork Lift Operator Cable Plant	1 14. MOTHER'S MAIDEN NAME U.S.A.
13. PATRICK S NAME	14. MOTHER'S MAIDEN NAME
Clyde Brammer	7. INFORMANT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Ifyesgive were released service)	7. INFORMANT Address
	West Diomoha Dua C . Wa
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Mrs. Blanche Brammer Conowingo Md.
PART I DEATH WAS CAUSED BY.	ture of both lower legs left arm
DUE TO	
Conditions, if any, which \ (b) and neck Lacera	tion s of face and nose.
geve rise to immediate cause	
(e), stating the undarrying	
- (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY
TAKT II. OTHER SIGNIFICANT CONDITIONS CONTINUOUS TO BEATT BO	PERFORMED?
3	YES NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	D. (Enter neture of Injury In Pert I or Pert II of item 18.)
1 (1000 0-7743-3111	E - S
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 206. Hour S.Th. 11 22 61 while Not While st work st work st work st work st	PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
11 22 61 While Not While	factory, street, office bldg., atc.)
	Route 145 Elkton Ceoil Md.
21. I certify that I took charge of the remains described above	
death resulted from Natural causes Accident	Suicide
I A O IK x 1 2 ma	CHIEF MEDICAL EXAMINER
ACTUAL / MITOUROU	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER
EXAMINER'S NEME (Ivee) D. C. D. J.	11-22-61
NAME (Type) R.C. DOGSON 22. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Ristrip(Storphy), layer or county) OR CREMATORY 22d, LOCATION (City, lown, or country) (State)
REMOVAL (Specify)	(Siete)
Burial 11/27/61 Conowingo	Cem. Conowingo Md.
\mathcal{O}	
Commo 5.71/57/willen Rising S	un, Md. DATE NOV 2 7 '61. Ciriling S. Kraus

Liona 5 min. Fork Lift Operator Cable Flant ... Vi. Clyde Branche Pyle 219 38, 5959 hrs. Blanche Brammer Coppyingo Mis. Company of the cof both lover les litter and mask L ceration s of face and nose. Our orling to bill or or flood

A.J. Joseph Rising Sun, 11.

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Jely filled in by the funeral apers. Pages 1 and 2 should 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO MARRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE & MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
П	e. COUNTY Cecil	MARYLAND	e. STATE Maryland b. COUNTY Cecil
-	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give negrest town)
	write RURAL and give nearest town)		
-	Elkton	3days	Hullan H. D. C.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Union Hospital of Cec	il County	YES NO X
3	NAME OF First DECEASED	Middle	Last 4. DATE Month Dey Year OF
	(Type or print)	F -	BEATH NOV 29 1961
1 5	SEX 6. COLOR OR RACE 7. MARRIE	TO NEVER MARRIED 1 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
			uly 15. 1904 Styrs. Months Days Hours Min.
1	2.120-2-0	D DIVORCED U	
	done during most of working life, even, if retired)	\ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	Saw Mill work (general) Saw Mill	Virginia U.S.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Wames H . Brown		first-unknown Last- Taylor
		SOCIAL SECURITY NO. 17.	NFORMANT Address
10	Yes, no, or unkown) (If yes give we ror detes of service)	8-10-8356 N	Mrs. Lucy V. Brown, R. D.3, Elkton, Md
-	18. CAUSE OF DEATH [Enter only one cause per li		INTERVAL BÉTWEEN
	PART I. DEATH WAS CAUSED BY		ONSET AND DEATH
	IMMEDIATE CAUSE (e)	7 yo care	Lial Infarction 24hrs.
	4201 DUE TO 1/	7	
	Conditions, if eny, which (b)	1 Der TE	15100 1290,
	geve rise to immediate cause		
	(e), stating the undarlying cause last.		
2		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
1 2			PERFORMED? YES NO
CEPTIEICA TION	20 ACCIDENT WAS UNDERLYING 57 L 201 DES	Chine HOW IVILLIAN OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)
PTIL	20a. ACCIDENT WAS UNDERLYING (20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in real) of real in or nem 10.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d.		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
A K	Hour e.m. While at worl		
	21. I certify that (I) (this hospital) attend	led the deceased from	Dec, 1960 to Nov 29, 1961, that (1) (we) last
	saw the deceased alive on May. 2	9 6661 md that	death occured at
	22e. SIGNATURE		22b. DATE
	226. SIGNATURE	7/1/1/2	ATTENDING MED. STAFF SIGNED
	t ann	M	D. PHYS. DIRECTOR PHYS.
	122e: PHYSICIAN'S NAME (Type)		
	Joseph G. La	nzi/	1205 W. Main Street, Elkton, Md.
2	38. BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
	Burial Dec.2.1961	Gilpin Mano:	r Mem. Park Elkton, Maryland
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Tolph & Xlichalell	ton, Maryla	nd DATE DEC 1 4 '61 arthur 8. House.
-	Tayor O, Trucke	100119 11011) 110	

CONTRACTOR OF THE PROPERTY OF and the same of the first and same and the s

1 FOR STATE HEALTH DEPT any delay is necessary, the funeral director. Page retained for your files. The State Byard of health, 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pages 1, 2, and 3 if the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Big or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. PEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CEPTIFICATE OF DEATH 40707 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		i. m: 1 0200 73	/3E/67 mh			·	1 4 1	
1. PLACE OF DEAT	TH 100m 1	H FIIM UJUV II		NCE (Where	decessed lived, If		idence before	edmission)
474	eci1	MARYLAND	e, STATE	vland	b. cour	eci1		
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 16		4	orporate limits, write		ive neerest to	wn)
	nd give nearest town)	0	/					
Elkton		8 years	X Elkto					
d. NAME OF HOS	PITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRES	SS			ON	A FARM?
3. NAME OF	First	Middle	Last	4. DAT	E Monti	n D	Day Yes	10
(Type or print)	Vernon	C	Brown	DEA	rh Nov.	7		61
5. SEX	6. COLOR OR RACE 7. MARR	JED X NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In yeers last birthday)		Martin	R 24 HRS.
Male	White wipow	ZED DIVORCED	April 7, 1	912	49 yrs.	Months Dey	ys Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Ste	te or foreign		1 12. CITIZE	N OF WHAT	COUNTRY
done during most of v	working life, even If retired)							
Labore	r	Farm & Indust	w Maryla			US	A	
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME				
	Vernon Brown		Della	Ander	son			
	VER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. 1			Address			
	(If yes give war or detes of service)	110 11 500						
Yes	WW2 & Korean	219-16-28091	Mrs Ruth An	n Brow	n, Elkton	.Md.		
	DEATH [Enter only one cause per	line for (e), (b), end (c).]					INTERVAL BE	
PART I. DEA	ITH WAS CAUSED BY: IMMEDIATE CAUSE (e)	01						
000	1 \	Strangulation	n by Hanging	5			10min.	to & A
4/1	914 X DUE TO							
Conditions, if er	(0)							
geve rise to Imme (e), steting the								
cause last.								
	ER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	ENI INI DADT 1/-	11 10 WAS	ALITODEY
ē 'AX' II. O'''	in significant contained as		T ALLTHED TO THE TERM	THE DISEAS	or complition of	EN INTERNATION		ORMED?
3							YES	NO B
PART II. OTH 20%. EXTERNAL C PRIMARY To or C CAUSE OF DEATH	CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURED. (E	nter nature of Injury in P	Pert I or Pert II	of item 18.)			
PRIMARY OF C	f.							
	JURY Month, Day, Yeer 20d	rone around joid	ce of injury (Home, to		c and ste			
20c. TIME OF IN	Whi	le Not While fact	ory, street, office bldg., e	etc.)	Lify or idwin;	(County)		(State)
P.m.	4 4 / 2	ork et work						
21. I certify	that I took charge of the re-	mains described above, he	ld an Autopsy	Inspectio	n V Inquir	у Пъг а	nd in my	poinion
death resulted		_	de Al Homicide	-	Jndetermined m			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
death teamled	Natural causes	Accident [], Suici			Judetermined it	lanner [_]		
	1 1 1 1 1	2 1 1 001	CHIEF MEDICA	L EXAMINER				
ACTUAL SIGNATURE	1 Revo	ruscell	ASSISTANT ME	EDICAL EXAM	INER		DATE SIG	BNED
			DEPUTY MEDIC	AL EXAMINE	RKT	1	1-8-19	64
EXAMINER'S NAME (Type)	R.C. Dodson	n			434	1	1-0-19	OT
220. BURIAL, CREMAT		22c. NAME OF CEMETERY OR	Address (Street		ATION (City, town	or country)	(Ste	te)
REMOVAL (Specif								
Burial	11-11-61	North East Met	hodist		th East,			
23. FUNERAL DIRECT	Touch R Tran	ADDRESS			STRAR 24b. REG			Ser I
	oseph R. Grant.	North East Md.	DATE	NOV 1 0	'61 C	Lithung S. 9	Trave	
- 14		MULTI BEST NO.	I DAIL					

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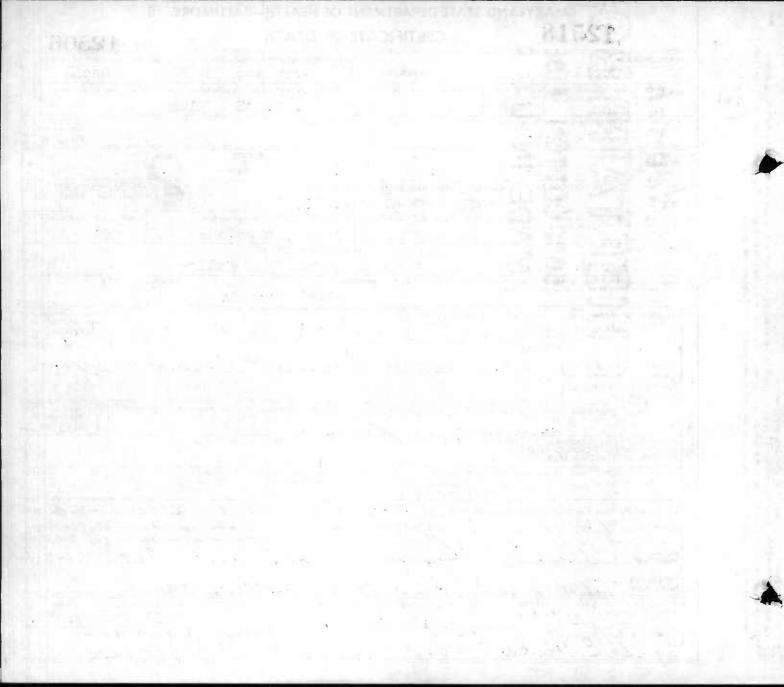
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12518

CERTIFICATE OF DEATH

Reg. Dist @506

	1. PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE a. STATE Mar	(Where deceased livery I and	ed. If institution b. COUNTY		re admission)	ř
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) Elkton	c. LENGTH OF STAY IN 16	13 - 1	(If autside carporate). #3	limits, write RU		rest tawn)	
5	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Union Hospital	address)	d. STREET ADDRES	S			e. IS RESIDENCE ON A FARM? YES NO)
	3. NAME OF First DECEASED (Type or print) Ellis	Middle W .	Eullock	4. DATE OF DEATH	Nov .	h Do;	y Year 19 6:	1
	5. SEX 6. COLOR OR RACE 7. MARR WIDOWS		B. DATE OF BIRTH Z	7.007	AGE (In years last birthday) 78 yrs.	Months Days	Hours Min	_
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Petired	KIND OF BUSINESS OR INDU		itote or foreign count Marylar	_	12. CITIZEN OF USA	WHATCOUNTR	Y?
)	Miller W. Bullock		14. MOTHER'S MAID	Jane Bu	llock			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		MFORMANT Hospital	records	Addr	ess		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. If Hour o. m. While	CONTRIBUTING TO DEATH BUT CRIBE HOW INJURY OCCURRE NJURY OCCURRED 20e. PL	NOT RELATED TO THE T	y in Port I ar Part II	ONDITION GIV	ons 4	9. WAS AUTOPS PERFORMED? YES NO [Sto	SY Z
	21. I certify that I attended the deceased fram 10 - 29 , 1961, to 11 - 1 , 1961, that I last saw the deceased alive an 12 - 1 - 1961, and that death accurred at M, fram the causes and an the date stated abave. ACTUAL SIGNATURE ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)							
	REMOVAL (Specify) 11/5/61 23. FUNEXAL DIRECTOR'S SIGNATURE/ /	Union Cen	netery 240.	REC'D BY REGISTRAI	Ceci		y, Md.	_
	Lalph G. Hicke E	Elkton, Mary	land DATE	NOV 8 '61	an	Chur S. Krau	A	



der Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after derive Page 4 may be retained by the hospital or attending physician.

TO HERAL DIRECTOR: After this certificate has been signed by the attending physician and contained by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon bepers. Pages 1 and 2 should be filed with the State Deep: of Health prior to burial, cremation, or removal, and in any event, writing 2 hours after death. director, page 3 should be detached for use as the burial-transit permit. Then piease remove carpon pay be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eventy within a

> VR A15 (4) ISM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION DESPATISFICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12507

1.	PLACE OF DEATH			2. USUAL RESIDENCE	CE (Where de			nce before	dmission)
	e. COUNTY	Cecil	MARYLAND	o. STATE Dista	rict o	f Colum			V
	b. CITY OR TOWN (if	outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II				neerest tow	vn)
	Perry	give neerest town)	29 days	Wash	hingto	27)	4	1x .:	3
-		AL OR INSTITUTION (if not in hos		d. STREET ADDRESS	urng co	111	-		ESIDENCE
Ve		ministration H		1846 Verno	on Str	eet, N.	W.	YES _	NO S
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day	Yee	r
	(Type or print)	LEWIS	(NMI)	CARTER	DEATH	Novemb	er 21	19	61
5.	SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS.
	Male	Negro widows		4-8-88		73 yrs.	Months Days	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & Stete, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	Chauff	eur Not	available	Virginia			USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
П		George Carte	r (deceased)	Charlotte	Lyle	(deceas	ed)		
		R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	4. 90	Address			
	Yes		t available I	Hospital Rec	obros	WAH PO	mmr Pois	+ M	2
	18. CAUSE OF DI	EATH Enter only one cause per	line for (a), (b), end (c).]	TOPI OUL NO	or an			TERVAL BE	DEATH
	PART I. DEATH WAS CAUSED BY: Lower nephron nephrosis, cause undetermined								
	501 × DUE TO POST-operative								
	Conditions, if eny, which (b) Right Lower Quadrant sinus tract and								
	gave rise to immediate cause cellulitie of the abdominal wall								
	(e), stefting the underlying Durit Course last.								
Z	PART II. OTHER	SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS A	
ATIC	DOMESTIC STREET							YES T	NO X
CERTIFICATION	20e. ACCIDENT WA	S UNDERLYING [206. DES	CRIBE HOW INJURY OCCURED	(Enter nature of injury in F	Pert I or Pert I	I of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
WEDICAL	20c. TIME OF INJUS			CE OF INJURY (Home, farm		y or town)	(County)		(Stete)
MED	Hour e.m.	While at wor	TAOL ALUMO						
	21. I certify th	al XIX (XIX) atten	ided the deceased from	October 23	1961, to	Nov. 2	1, 1967.	that (I)	(wa) tags
3		XXXXXXXXXXXX							
	22e. SIGNATURE	. 0-		101	So hm				. DATE
	Stephen	a Remon	/a- M		MED. DIRECTOR	PHYS.		11-	-251GNE
	22c. PHYSICIAN'S			22d. ADDRESS					
	NAME (Type)	S. A. HEGEI	DUS	V.A. Hosp	ital,	Perry 1	Point, M	d.	
23	BURIAL CREMATIC	DN, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(5	itete)
(REMOVAL (Specify)	11/24/61	Arlington	National	Ar	lington	, Virgin	nie	
24	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25a. REC			GISTRAR'S SIGNA		1 = 1
	Fenningt	on & Son . Havi	e de Grace, M	d. DATEMO	V 3 0 '61	0	ilway S. How	44	
		9		, DAILE	1300	1 000	2, 1000		

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	i.	26-6-1			
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	La (Seconda) el		(decessed) to	Coornal Sea	
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		er morte dest	enu zero di i		
ce decores.	E	Connier Street			
pan to the state of the state o		19:30	Yexamp		7. T.
.5	Caretal See 1	re bruo?			

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12520

CERTIFICATE OF DEATH

Reg. Dist. 100508

1. PLACE OF DEATH a. COUNTY GOGI	7		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased	I lived. If instituti b. COUNTY	an: Residenc	_	dmission)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	000-		town)
Elkton			12 yr	cs.	2.1 Elkton					
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, g N	give street	address)		d. STREET ADDRESS	H111			0	RESIDENCE N A FARM?
NAME OF DECEASED	Fic	st	Middle		Last	4. DATE	Man	th	бау	Year
(Type or print)	Mary		Elizabeth		Carty	DEATH	Nov.		9,	19 61
Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		April 20.		9. AGE (In years lost birthday) 85 yrs.			ours Min.
Oa. USUAL OCCUPAT	arking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Store	e or foreign co	ountry)	12. CITI2	U.S	A .
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Geor	ge Turner				Georgian	na Ki	rbv			
	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	II	IFORMANT		^ Add	ress	,	•
No.	(If yes, give war or dates of s	ervice)		Mr	s. Marguer	ite Po	otts. E	lktor	. Md	
20a. ACCIDENT V	the under: Due to	DITIONS (NOT RELATED TO THE TERM			'EN IN PART	1(a) 19. W	/AS AUTOPSY ERFORMED? S NO
OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUING Hour a. m p. m	. 10	ar 20d. II While of wor	Nat while		CE OF INJURY (Hame, far lory, street, affice bldg., et		or town)	(C	aunty)	(State
	that I attended the November 8 PRIA S. RALPH A	LA	61	death	accurred at	_M, fram	street, city or town,	d an the	date std	nted abave
220. BURIAL, CREMAT REMOVAL (Specif Burial		OF T	22c. NAME OF CEMET		CREMATORY		TON (City, town,	or county)	and	(State)
	OR'S SIGNATURE	bel	ADDRESS Elkton, M		24a. REC	'D BY REGIST	RAR 24b. REGI	STRAR'S SIG		

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Icara, van le Carale

1: 1. VC.

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CERTIFIC director, PLACE OF DEATH o. COUNTY filed ECIL MARYLAND hours after death. funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 18 RURAL and give nearest town) should RISING d. NAME OF HOSPITAL (If not in hospital, give street address) NAME OF Middle DECEASED executed within 24 (Type or print) NORVAL E 6. COLOR OR RACE 7. MARRIED NEVER MARRIED letely WHITE WIDOWED | DIVORCED | papers. campl 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INI during mast of warking life, even if retired) CONTRACTOR pup that the death certificate be 13. FATHER'S NAME COL physician remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 216-07-8801 attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO p Canditions, if ony, which At DIRECTOR: After this certificate has been signed should be detached for use as the burial-tronsit permi gave rise to immediate **DUE TO** cause (a), stating the underlying couse last ar attending physician. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUR MEDICAL 20c. TIME OF INJURY Year 20d. INJURY OCCURRED Doy, o. m. While Nat while ot work at work 21. I certify that I attended the deceased from toined by the I alive on and that dea ACTUAL prior the registrar PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE,THEREOF 22c. NAME OF CEMETERY TO FUN page REMOVAL (Specify) Brookvie 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS A15 (4)

15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CATE OF DEATH	Reg. Did. 18509
2. USUAL RESIDENCE (Where deceased lived a. STATE	b. COUNTY CEC/L
c. CITY OR TOWN (If autside carporate lin	nits, write RURAL and give nearest tawn)
X RISING SUN	W
d. STREET ADDRESS 16 BUCKLEY A	VENUE e. IS RESIDENCE ON A FARM? YES \(\subseteq \text{ NO } \su
	VENUE YES NO
COALE 4. DATE OF DEATH	No U, 20 1961
B. DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	57 yrs. Manths Days Hours Min.
OUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PHILADELPHIA	PA USA,
14. MOTHER'S MAIDEN NAME	
CLARA H	INDMAN
INFORMANT	Address
OLIVE COALE	RISING SUN, MD
rascular accid	INTERVAL BETWEEN ONSET AND DEATH
ensim	Zwks.
~	
UT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
RED. (Enter noture of injury in Port I ar Part II of	item 1B.)
PLACE OF INJURY (Home, form, factary, street, affice bldg., etc.)	wn) (County) (Stote)
1961, to 1120	, 194), that I last saw the deceosed
	couses and on the date stated above.
ADDRESS (Street, c	
M.D.	- 11x 11141
no Kising Sur	alustu 6M,
OR CREMATORY 226, LOCATION (City, tawn, ar caunty) (State)
Cometor Rigge	1
24g. REC'D BY REGISTRAN	24b. REGISTRAR'S SIGNATURE
and: DATE NOV 2 4 61	Cirthur S. Kroue

The service of the se AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR TWEET SALVEY START START START THE THE THE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the hospital or attending physician.

TO R SERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1252 CERTIFICATE OF DEATH 12510

1	1. PLACE OF DEATH			2. USUAL RESIDER	VCE (Where decess	d lived, If institution: Res	idence before edmission)			
1	a. COUNTY	cil	MARYLAND	a. STATE arvla	and	b. COUNTY Que	en Annes			
ŀ		outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and g				
1	Perry Po	give nearest town)	Lyr. 3 mos	Grasor	ville,					
1	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in ho	spital, give street eddress?	d. STREET ADDRESS		15	e. IS RESIDENCE			
	VA Hos			None	Time !	17X-	YES NO K			
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Yeer			
	(Type or print)	Thomas	н.	Collier	DEATH	Nov	19 61			
1	5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AC	E (In years IF UNDER 1 Y				
	Male	White WIDOW		5-20-76	las	V/ / /	4			
1	10a. USUAL OCCUPATION done during most of wor	ON (Give kind of work 10b.)	AND OF BUSINESS OR INDUSTR	Y 11. BUTHPLACE (Co.	unty & State, or forei	gn country) 12. CITIZI	N OF WHAT COUNTRY?			
ı	Unknown			Lean	nevel	le Med 1	J. S. A.			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME /	1				
	Thomas	Hours C	allie.	1 Cach	uel H	arries				
	15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address	ALC: NO			
1	Yes	SAW - WW T	WOVE - VA	Hospital Re	ecords - P	ermy Point	Marylad			
	18. CAUSE OF D	EATH [Enter only one cause per	line for (e), (b), end (c).]	MODDIOUT IN	00140	0113 101110,	INTERVAL BETWEEN ONSET AND DEATH			
J		MAS CAUSED BY Bros	nchial Pneumoni	a			4-7 Davs			
1	430 °C DUETO									
1	Conditions, if any, which Chr. Congestive Heart Failure									
1	geve rise to immediate cause									
ı	(e), steting the underlying DUE TO Arteriosclerotic Heart Disease									
1	Coulo 1631. (c)									
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY PERFORMED? YES NO								
ŝ	20e. ACCIDENT WA		SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of it	em 18.)				
1			INTERIOR OF COURTS I OF THE	CT OF BUILDY /II I	1 205 /6:5	16	(Fants)			
	20c. TIME OF INJUING Hour e.m.	RY Month, Dey, Year 20d. Whilet wo	eNot While fact	CE OF INJURY (Home, fer ory, street, office bldg., et		own) (County	r) (State)			
	21. I certify th	nat XX (this hospital) atten	ided the deceased from.	7-14-60	19, to1	1-4-61, 19				
1	2004 04 68 8	.6000000000000000000000000000000000000	eccepeed and that	death occured a5	.1.5MMfrom the	causes and on the	date stated above,			
1	22e. SIGNATURE			ATTENDING	MED. S	TAFF	22b. DATE SIGNED			
1	a.L.	mooney	, M	.D. PHYS.		HYS. 🔀 11,	/4/61			
1	22c. PHYSICIAN'S	1		22d. ADDRESS						
1	A.L. MC	DONEY, Clin. Pa	athologist	V	H., Perry	Point, Md.				
	23e. BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY			N (City, town or county)	(Stete)			
	Removal	11/4/61	Sterens	rille	Sles	worll	ned			
	24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		test and test	256. REGISTRAR'S SIG				
	11/0,000,0	Barter of Ba	tu Ben Cou	Trevel (DATE	NOV 9 '61	arthur S.	Thank			
E.	and a company	1)		Hel	D					

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death case 4 may be retained by the hospital or attending physician. Yes TO FULLERAL DIRECTOR: After this certificate has been signed by the attending physician and comparately filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

1, MARYLAND 1251

DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE
12523	CERTIFICATE OF DEATH	

a. COUNTY			CE (Where daceasad		sidence before admission)				
Cecil	MARYLAND	New Jerse	ev	Gloucest	er /				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Perry Point	c. LENGTH OF STAY IN 16			mits, writa RURAL and					
d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS		121	. IS RESIDENCE				
VA Hospital		334 S. De	elsey Drive	e 6) X.	YES NO				
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year				
(Type or print) John	E.	Collins	DEATH	Nov 4	19 61				
5. SEX 6. COLOR OR RACE 7. MARRI	ED TH NEVER MARRIED 1 8	. DATE OF BIRTH		(In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.				
Male White WIDOW		2-13-99	last b	2 yrs. 8 2	Hours Min.				
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY?				
Weaver		Philadelr	hia, Penna	I	J.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN			4D 4 V 6				
John E. Collins		Elizabe	th Johnson	n					
	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	The variable of				
(Yes, no, or unkown) (Ifyasgivewerordetesofsarvice)	1.2 00 6602 TA	Hospital Re	nondo P	namer Daint	Mareland				
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c),]	HOSPICAL RE	corus - Pe	BLLA LOTTIC	I INTERVAL BETWEEN				
DART I DEATH WAS CAUSED BY	onchopneumonia,	bilateral			4-6 days				
5 27 DUE TO DIE	lmana wr Emphres	ma sorromo			Years				
Conditions, if eny, which (b)									
geva rise to immediate cause (e), stating the underlying DUE TO					F. J. W. W. J. W. W. J. W.				
cousa last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?				
S Chronic Gastric Ul	Chronic Gastric Ulcer - 2 years								
Chronic Gastric Ul 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	, (Entar neture of injury in	Part I or Pert II of item	n 1B.)					
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. Whi Pp.m. 19	leNot While fact	CE OF INJURY (Homa, farm ory, street, office bldg., etc		rn) (Count	y) (Stata)				
21. I certify that 10 (this hospital) after	nded the deceased from	10-23	1961 to11-	Lym, 19.6	1 december				
35/2000000000000000000000000000000000000	cocoobook and that	death occured aft	30M. from the	causes and on th	e date stated above				
22e. SIGNATURE				11 P P N N N	22b. DATE				
a.L. mooney	M		MED. STA		11 4 6.				
22c. PHYSICIAN'S NAME (Type)	Patholog								
A. L. MOONEY, M.D.	Asst.Clinical	VA Hospit	al - Perr	Point, Ma	ryland				
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY			(City, town or county)	(Stata)				
Removal 1/6/6/	Beverly Na			y, New Je:					
24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS								
PENNINGTON & SON FUNERAL	HOME-Havre De G	race Mappatho	V 9 '61	acthur 8, to	inu4				

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A. t. MOONEY, M.D. Cast. Clind c. 1 W Mospital - Forcy Point, Maryland

mers, will force.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12512

CERTIFICATE OF DEATH

12512

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)								
Cecil	MARYLAND		[aryland	b. COUN	Ceci					
write RURAL and give neerest town)	· 15days			rporate limits, write	RURAL end giv	ve neerest tov	vn)			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give s		d. STREET ADD	iberty (31.046		l a IS D	ESIDENCE			
Veterans Administration Hospi		a. STREET ADD	AC33			ON	A FARM?			
3. NAME OF First	Middle	Last	4. DATE	Month	D	y Yes	r			
OT DECEASED (Type or print) WILLIAM	F.	ECKARD	OF DEAT	H Nove	mber 1	.6 19	61			
5. SEX 6. COLOR OR RACE 7. MARRIED . NEVE	R MARRIED 8	. DATE OF BIRTH		9. AGE (In years						
SEP.	- Land	11-4-17		last birthday)	Months Day		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INESS OR INDUSTR	Y 11. BIRTHPLACE	(County & State,	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?			
Truck Driver Route	Man	Virgin	ia		US	A				
13. FATHER'S NAME	10011	14. MOTHER'S MA			0.0	44				
Henry Eckard		Minnie	Snyder							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. 1	INFORMANT		Address						
Yes WW-II 217-03		ospital R	ecords,	VAH, Per						
1B. CAUSE OF DEATH [Enter only one cause per line for (e),	(b), and (c).]					ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute pt	lmonary	edema, m	assive			5-10	nin.			
430.0 DUE TO										
1300	Conditions, if any, which \ (b) Acute congestive heart failure 5-10 min.									
gave rise to immediate cause										
(a), stating the underlying (
cause last. J (c) Ulcerative bacterial endocarditis, aortic valve PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BOT INC	THE TO THE	JEKMINAL BIOLING	2 CONDITION ON		YES E	NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURED). (Enter neture of inju	ury in Part I or Per	t II of itam IB.)						
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OC While Not Wet work et w	hile fact	ACE OF INJURY (Hom tory, street, office bld		(ity or town)	(County)		(Stete)			
21. I certify that XIX (MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	deceased from.	May 1	, 1961, 1	oNovembe	er166	1that xix	test (exc)			
WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		•								
22e. SIGNATURE	THE PROPERTY OF	dodin occurso	0.94.000 PB	211 1110 000000			DATE			
1 700	AT SING	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED			
a.L. Mooney	M	22d. ADDRES					L-117-			
PHYSICIAN'S NAME (Type) A. L. MOONEY Ass	Clinica			H, Perry	Point,	Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA										
REMOVAL (Specify)	ME OF CEMETERY			CATION (City, to			itete)			
BURIAL 11/20/196/	ME OF CEMETERY New Brid	ge	Har	risville	, Mary	land	itete)			
BURIAL 11/20/196/		.ge	Har	risville	, Mary	land	itete)			

54° 3 3 10 10 10 1 1 E (Copp) mysbellen son son STORE THROUGH the property of the same of the same of AND RESERVED Something IS - co 1---TEARCHTEN House Lan manyana simain . Me . and - Company the state of the state THE SHOP WARRED STATE OF THE ST STATE OF THE WAY STATE OF STATE Acha Gi-c . And the deciment of the state of the second provide it satesyates for a figure and a subject of the same and the specification of the second secon 11-12-61 is A clinic 1 stools tot, the property soles, to. namel and the latter country

FOR STATE HEALTH DEPT files. delay is necessary, TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delegate the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it mers 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Elle pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12525 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19549

		LACE OF DEATH		11	<u> </u>	4	2. USUAL RESIDE	NCE (Where d			Idence before	edmission)	
			ci1		MARYLAI	ND	•. STATE Mar	y1and	b. COU	Cec	il		
1	b.	CITY OR TOWN (in write RURAL and	outside corporate limit give nearest town)	s,	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN	N (If outside cor	porate limits, writ	e RURAL end g	give neerest to	wn)	
1		E1ktor					X North Bast Rural						
9		Union Hos			pital, giva street eddress)		d. STREET ADDRESS					ON A FARM?	
	3. N.	AME OF	pital D.O	a Fla	Middle		Last	4. DATE	Month	h I	Day Ye		
	(T)	PECEASED (Speed)	William		W	For	eacre	OF DEATH	Nov.	8	19	61	
	S. SE	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED		DATE OF BIRTH		P. AGE (In years last birthday)				
	1	Male Male	White	WIDOWE	D DIVORCED		Feb.23, 188	81	O YTS.	Months Da	ys Hours	Min.	
ı	10a, done	USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	10b. KI	ND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Ste	ate or foreign co	untry)	12. CITIZE	N OF WHAT	COUNTRY?	
		Farmer					Mary1a1	nd			USA		
	13. F.	ATHER'S NAME					14. MOTHER'S MAIDE	EN NAME					
		I	oseph Forea	ocre			unlen	own Woo	ad was				
	15. W	VAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	PORMANT	TOWER MOC	Address		-		
	(Yes,	no, or unkown) (If NO	yesgive we rordates of se	rvice)	None		s.Mary J.Fo	oreacre.			• RD		
	1 10	8. CAUSE OF D	EATH [Enter only one	cause per li	ine for (e), (b), and (c).]		7-3			1	INTERVAL BE		
3			WAS CAUSED BY:		Acute Co	ron	a.rv			OHERON.	ONSET AND		
		400.	1		13-0-0-0		/						
н		7 ~ 0	DUE TO										
		Conditions, if any,											
		(a), stating the underlying DUE TO											
	cause lest. (c)												
	NO NO	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BU	TON TU	RELATED TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PART 1		AUTOPSY ORMED?	
	3											NO I	
	A PI	On. EXTERNAL CAPRIMARY OF CONCAUSE OF DEATH.		b. DESCRI	BE HOW INJURY OCCUR	RED. (En	ter nature of Injury in F	Part I or Part II o	f Item 18.)				
	MEDICAL	Hour a.m.	Y Month, Day, Yes	r 20d. I			E OF INJURY (Home, fe y, street, office bldg., a		y or town)	(County	')	(State)	
	ME _	8° p.m.	11-8 196) at work	et work	285							
	2	21. I certify the	at I took charge of	the rem	ains described above	e, held	an Autopsy	Inspection	y Inquir	y y, a	and in my	opinion	
	d	death resulted fr	om: Natural car	uses X	Accident	Suicid	e . Homicid	e Un	determined m	anner			
		/	1) 101	0 -	al a m.		CHIEF MEDICA	L EXAMINER]				
		SIGNATURE MUDELACM M.D.						EDICAL EXAMIN	(ER 🔲		DATE SI	GNED	
		EXAMINER'S NAME (Type)		R.C.D	odson			AL EXAMINER	n.a.	11-8-	1961		
	22e. B	URIAL, CREMATION	N, 226. DATE THEREC		22c. NAME OF CEMETER	RY OR (TION (City, town	, or country)	(Sta	ite)	
	R	Burial	11_10 41		Union Cemet	erv		Nort	h East	(Rural)	NIC		
-	23. F	FUNERAL DIRECTOR	-1-10-01		ADDRESS		24e. R	EC'D BY REGIST	RAR 24b. REG	ISTRAR'S SIGN	HATURE	-	
		100	eph of Kr	aut				10V 1 0 '6	1 0	Thun 8. H			
		Mase	oh R. Grant	No	th Rost Mar	110	I DATE	101 100		nun 1. 70	race		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	120	A U		CERTIFI	CATE	OF DE	ATH			12	514	
1.	PLACE OF DEATH o. COUNTY	ECTL		MARYL		USUAL RESIDI	ENCE (Whe	re deceased lived	. If institution b. COUNTY	n: Residence	_	sion)
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate lim	its, write c. L	ENGTH OF STAY II	N 16	c. CITY OR TO	OWN (If ou	tside corporate lin	mits, write RL			n)
	d. NAME OF HOSPITA	(If not in hospital, g	210	3 DAYS		d. STREET AD	DRESS	IG SUN,			ON	SIDENCE A FARM?
2	UNION	HOSP		441.11				4 DATE				NO
J.	NAME OF DECEASED (Type or print)	ALTCE.	MA	Middle	0	LOST		4. DATE OF DEATH	Mont	/	Day A	Year 1967
5.	SEX	6. COLOR OR RACE			8. D/	TE OF BIRTH			E (In yeors birthdoy)	Months Do	EAR IF UND	ER 24 HRS. Min.
	F.	W.	WIDOWED	DIVORCED		/10/1	885	76	yrs.			130
100		N (Give kind of work ing life, even if retired		OF BUSINESS OR	INDUSTRY	71. BIRTHPLA	CE (Stote o	r foreign country)		12. CITIZEI	NOF WHAT	COUNTRY?
13	DRESSMAK FATHER'S NAME	ER RET	. SEL	F-EMPLO		MD	AAIDEN NA	ME		U.	S.A.	- 38
	TATTER STAME	5	4.70.77771									
	WAS DECEASED EVER	IN U. S. ARMED FOR		AL SECURITY NO.	17. INFOR		R. F	ERGUSON	Addr	ess		
(Ye	NO	If yes, give war or dates of :		20-8320	A Mie	ANN	A GA	RVTN	RTS	ING SI	DN M	0
		TH [Enter only one co			- Little In				11.10.		INTERVAL B	
	PART I. DEAT	TH WAS CAUSED BY:	Come	latered.	hou	+ 4	ulu	20			ONSET AND	Cet
	420.	DUE TO	1			1		7				
	Conditions, if or		my	vandis	I a	Ma	ch	2			unk	noun
	gove rise to in couse (o), stating t lying couse lost.		a	terro	cler	tu	hen	A des	eas		unks	noun
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEA	TH BUT NOT	RELATED TO	THE TERMIN	IAL DISEASE CON	DITION GIV	EN IN PART 1		AUTOPSY ORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (E	iter noture of	injury in Po	ort I or Port II of	item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	Not while of work	20e. PLACE (foctory,	OF INJURY (H street, office	ome, form, bldg., etc.)	20f. (City or to	~ n)	(Cou	nty)	(Stote)
	21. I certify tha	t (1) (this haspita	l) attended t	the deceased f	ram	10-2	5_, 12.	6-1. ta1	1-8	19_6/	, that (I)	(we) last
	saw the deceas	ed alive an	11-7	1961. and	that deat	accurred	at/OA	M, fram the	causes an	d an the c		
	220. SIGNATURE	lliford	Eps	pero	M.D.	ATTENDING PHYS.		D. STA	YS.		22	SIGNED
	22c. PHYSICIAN'S NAME (Type)	istord	Epplo	s M	D.	Hills	1d=	e Dallam	Rds	Neu	var K	Del
23	BURIAL, CREMATION	N, 23b. DATE THERE	OF 23c	. NAME OF CEME	TERY OR CR	EMATORY		23d. LOCATION (City, town, o	or county)	(Sto	ite)
E	lurial	11/11	/1961 1	BROOKVII	EW CE	М		RISING			MI).
24	DINEKAL DIRECTOR	TANE 9	1.00	ADDRESS	G177			BY REGISTRAR		TRAR'S SIGN		
(Dispusal C	301-14	- Cel	RISING.	SUN,	MD.	DATE NO	1001	Ch	Thun S. A	rous	

VR A1S (4) 15M 9/S9

LAYS) BEAR STATIONS TATE OF THE STATE DINTY HORPETHI AS ALL ALL STATE OF S 1/10/1885 286 DINESSANDER RET. SELF-RATIONAL MO. PENDERNA B. DARVIN SUSAN R. FREDUSCH FULL TO THE PARTY NAME OF WAR THE REPORT OF THE PROPERTY OF Storing - 11/11/1961 Shork View Driv. - Little Suk CANNOT STREET STREET, NO. 10. NO. 10.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO PARAL DIRECTOR: After this certificate has been signed by the attending physician and comply filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 25 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any even, within 72 hours after definition. VR A15 (4) 1SM 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12527 CERTIFICATE OF DEATH 12515

1. PLACE OF DEATH a. COUNTY	14	SUAL RESIDEN	CE (Where			ce before e	dmission)			
Oc. of 1	MARYLAND	. STATE Mar	yland	b. COUN	Ceci	11				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16 c.	CITY OR TOWN (If outside co	rporate limits, write	RURAL and give	nearest tow	n)			
5 5	mo. 20days	X Ris	ing S	un						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give stre		STREET ADDRESS					SIDENCE			
Veterans Administration Hospit	al	1				YES [NO D			
3. NAME OF First M	iddle	Last	4. DATE	Month	Day	Year				
17	L. (GORRELL	DEAT	H Nove	mber 20	19	61			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER		OF BIRTH			IF UNDER 1 YEAR	IF UNDER				
	_	11-90		7] yrs.	Months Days	Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NESS OR INDUSTRY 11.	BIRTHPLACE (Cour	nty & State, o	or toreign country)	12. CITIZEN C	F WHAT C	SYNTHUC			
Farmer Farmi	ng	Maryland	d		USA					
13. FATHER'S NAME	14. A	OTHER'S MAIDEN	NAME							
Joseph Gorrell	E.	velyn Ne	sbitt							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unkown) (Ifyes give wer or dates of service) 2/2-/2-	IDITY NO 1 17 THEOD			Address			-			
Yes WW-T white	n Hospi	tal Reco	rds. I	TAH. Per	ev Point	Ma				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)), and (c).]	7 W.Z. 11000.	2409	, 1111, 101.	IN	ERVAL BET	WEEN			
PART I. DEATH WAS CAUSED BY:	lomette be	33		4.3-		SET AND D	EATH			
11/1 - ^	lerotic hea	art disea	ase wi	th myoca	ardial					
720.0 DUE TO infarcti	on									
Conditions, if any, which (b)	Conditions, if any, which gave rise to immediate cause									
(e), stating the underlying DUE TO										
cause last. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1									
Arteriosclerosis, generaliza	ed. Gangrer	ne, right	t foot	. Chroni	ic	YES PERFO	NO A			
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURED. (Enter	nature of injury in	Part I or Par	Bradin 18.5y1	ndrome					
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU	IRRED 1 20e PLACE OF	INJURY (Home, farr	m. 1 20f. (C	ity or town)	(County)	-	State)			
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU While Not While at work el work	ile factory, stre	et, office bldg., etc		.,,						
21. I certify that NXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	aceased from Man	ch 31	1960, to	Nov. 20	19.6.1,30	MAXXIXX	Dex Mst			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX and that death	occured atl.	.4.54, pas	m the causes	and on the d	ate stated	above			
22a. SIGNATURE		TTANDIAG		574FF	3203	22b.	DATE			
) (perfule			MED. DIRECTOR	PHYS.		11-2	0-61			
22c. PHYSICIAN'S NAME (Type) S. GOLDGRABEN, Chie:	2	Service,	VAH,		oint, Md					
DEMOVAL (SIF-)	E OF CEMETERY OR CRI		- 0	CATION (City, tov	vn or county)	(St	ate)			
ourse 1	-		-	STRAR 256. REC	TISTRADIC CICNIA	TUDE				
24 FUNERAL DIRECTOR'S SIGNATURE REAL ADDR		M			other 2. His					
Ralph Reed Funeral Home, Risi	ing oun, Mo	L. DATE	W 1 M 1		A. The	JAANS .				

10 To tour 10 Secretarion of the second (Board tell Coords, Was, Ferry Jeans, M. distribution of the contract o recommendate of the state of th 13-03-12 (3-03-12) (3-03-12) . E. C. Distriction, Solidon Section, E. P. Bernell, E. S. Helys Rued Luneral Hono, Harling Dun, Md. 1894 772 2 88 1 1 1 1 2 mag TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 in by the funeral director, I and 2 should be filed with Pages may be recoined by the haspital ar attending physician.

TO FULCAL DIRECTOR: After this certificate has been signed by the ottending physician and completely if page 8 shauld be detached far use os the burial-transit permit. Then please remave carbon popers. Page the State Board at Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after dea

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

				D
CERT	IFICA	TE OF	DEA	HTA

1	252	8		CERTII	FICATE	OF DEAT	Ή		13	2516
PLACE OF o. COUNTY		Cecil		MAR	YLAND 2	usual RESIDENCE a. STATE		b. COUNTY	Residence befo	ore admission)
	TOWN (If	autside carporate lin	mits, write	LENGTH OF STAY	IN 1P	c. CITY OR TOWN	(If outside corporate			arest town)
Risi	ng S	un Ri	iral	2 yr	s.	X Rising	Sun	Ruz	rail	
d. NAME (OR INS)	of Hospita Titution	L (If not in hospital,	give street od	dress)		d. STREET ADDRESS	S			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED		F	irst	Middle		Last	4. DATE OF	Month	Da	y Year
(Type ar pr		Chest		_John_		Hall	DEATH	11	2	9/ 19 61
S. SEX		6. COLOR OR RACI		D NEVER MARRI		DATE OF BIRTH	y. 1	ost birthdoy) Mi	onths Days	Hours Min.
Maj	.e	White	WIDOWED			12/ 24/	1886	yrs.	10 CITIZENI OI	E MILLAT COLINITARY
during m	ost of working	ng life, even if retire	ed)	ND OF BOSINESS C	JK INDUSTRI	11. BIRTHPLACE (St	rate or foreign count	(7)	12. CITIZEN OI	F WHAT COUNTRY
Machir 13. FATHER'S		erater I	Ret. F	iber Mi		4. MOTHER'S MAIDE	NI NI AME		U.S.	A.
						4. MOTHER S MAIDE	IN INAME			
	llia	M HE	DECES 14 50	OCIAL SECURITY NO). 17. INFO	Susan	Dav	ridson		
(Yes, no, or unknown		yes, give war or dates of	f service)	CIAL SECURITY INC		RITION 1				
No,			221	-07-825	bl Mr	Paul H	all	Risir	ng Sun	
	ART I. DEATI	H (Enter only one) H WAS CAUSED BY IMMEDIATE CAUSE		for (0), (b), and (c)	- De	00 Cala	- Aco	ida- f		SET AND DEATH
gave r	ons, if any ise to im), stating the ise lost.	mediote Due T	(b) O	ellere,	C3.	D Av	to sei	(s:		Zxus-
CERTIFICATION OF COUNTY OF	ART II. OTHE	R SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	IDENT WAS RIBUTING [R, NOTIFY W	UNDERLYING CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY C	OCCURRED. (Enter nature of injury	in Part I or Part II	of item 18.)		
	OF INJURY r o. m. p. m.	Month, Day, Y	While	URY OCCURRED Nat while at wark		OF INJURY (Home, t y, street, affice bldg.,		town)	(County)) (Stote
		Y. /	1. 1-3	d the deceased		th accurred at 3	1860 , to 2			
22a. SIGN		d alive an		and and	nat dea	th accurred are	M, from the	e causes and c	in the date	22b DATE
-	1/4	Non	150	. 3/-	M.D	ATTENDING PHYS.	MED.	STAFF	10	SIGNET
22c. PHYS	CIAN'S E (Type)	8. H. R.	icha	rds Jr.		22d. ADDRESS	£20.	605.	F	hel
	CREMATION L (Specify)	I, 23b. DATE THER	EOF	23c. NAME OF CEN	TETERY OR C	REMATORY	23d. LOCATION	V (City, tawn, or co	ounty)	(State)
Buria		12/ 2/	/1961	West No	ottin	gham Cem	Color	a	1 4 1 5	Md.
24. FUNERAL	DIRECTOR'S	SIGNATURE IN	1117	ADDRESS			EC'D BY REGISTRAF	25b. REGISTRA	R'S SIGNATU	RE

Rising Sun, Md.

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Wilston Busin Busin Davidson No. 22-07-8256 Nr. Faul Hall Hising Sun, Md.

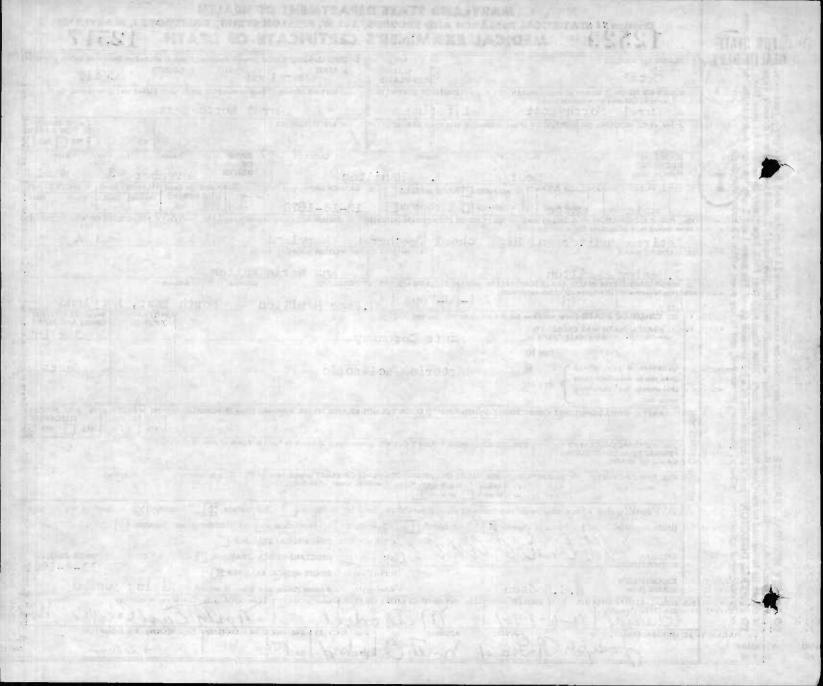
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FOR STATE TO RECUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If they delay is necessary, plead execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to promote a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12521 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12517

	LACE OF DEAT	Н			2. USUAL RESIDEN	CE (Where			idance befor	 edmission
	Cecil			MARYLAND	a. STATE Mary1	and	b. COUN	C	ecil	
b.	write RURAL and	(if outside corporate limit d give nearest town) North East	ts,	c. LENGTH OF STAY IN 16 Lifetime	c. CITY OR TOWN (I		orporala limits, write		ive nearest t	own)
d.	NAME OF HOSPI	TAL OR INSTITUTION (if not in ho	spital, giva straat address)	d. STREET ADDRESS				0	RESIDENCE N A FARM?
D	IAME OF ECEASED (ype or print)	First	11,22,2	Middle	Last	4. DATI				oar 9 61
5. S			orge	W. Hami	L TOI1		9. AGE (In years	2002		DER 24 HRS.
	male	white	WIDOW	ED DIVORCED	12 -16-167 8	4(-	82 yrs.	Months De	ys Hours	Min.
		TION (Giva kind of working life, even if relire		CIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foraign	country)	12. CITIZE	EN OF WHA	COUNTRY
		uditor and	High	School Teacher					USA	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN					
	Wesley	Hamilton VER IN U.S. ARMED FOR	CES2 14	SOCIAL SECURITY NO. 17.	Ann Mari	a Mull	Len Address			
		If yas giva war or dates of s	ervica)	21 02 7/6/						.3
1	no	DEATH lEnter only one		lina for (e), (b), and (c).]	.Page Hamilto	on	North B	ast, Ma	INTERVAL	
		TH WAS CAUSED BY:						GB-VI	ONSET AN	D DEATH
J.	1120	IMMEDIATE CAUSE (a)		Acute Corona	ry					m in
	Conditions, if on	DUE TO							SF.	
	gave rise to immed	(-)		Arterio Sc1	erotic erotic				Ye	ars
	(a), stating tha course last.	indariying								
. 14		R SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PART 1	(e) 19. WA	SAUTOPSY
₹ I			3387						YES PER	FORMED?
2	20a. EXTERNAL C PRIMARY ☐ or CO CAUSE OF DEATH	ONTRIBUTING [Ob. DESCI	RIBE HOW INJURY OCCURED. (Enter nature of Injury in Per	t I or Part II	of item 18.)			- 5%
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Dey, Ye	ar 20d. While	eNot While fec	CE OF INJURY (Home, farm tory, street, office bidg., atc.		City or town)	(County	y)	(State)
	21. I certify t	hat I took charge o	of the rer	mains described above, he	eld an Autopsy ,	Inspection	n 🔀 , Inqui	ry 🔯	and in my	opinion
	death resulted	from: Natural c	week X	, Accident , Suic	ide, Homicide		Indetermined n	nanner		
		119 1104	112	UN BIN	CHIEF MEDICAL	EXAMINER				
	ACTUAL SIGNATURE	110000		one of	M.D. ASSISTANT MED				11_4	=1961
	EXAMINER'S NAME (Typa)	R.C.Dods	son		DEPUTY MEDICAL Addrass (Street,		n:	sing S		-1701
	BURIAL, CREMATION REMOVAL (Specific	ON, 22b. DATE THERE		22c. NAME OF CEMETERY O			ATION (City, lown	or country)	isc	State
23.	FUNERAL DIRECTO		0	ADDRESS	24a. REC	'D BY REGI	STRAR 24b. REG	SISTRAR'S SIGI	NATURE	
	to	seph PE	tran	A horth Ease	+ md DATENOY	V 9 '6	1 Cin	Chur S. ta	inud	
	1	-								



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH	08381
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	mon methods
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	Electron Territoria
AND	and other endance or next at

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO IN

(Stote)

DATE SIGNED

Day

ON A FARM? YES NO 4

Year

1961

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- . Herbert M. Harrington of Marshall H. Yestman - Low, Luneral Pirectors 819 Washington St. Wilmington 1, Del.

Hicks Lun Home.

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Cecil Co.

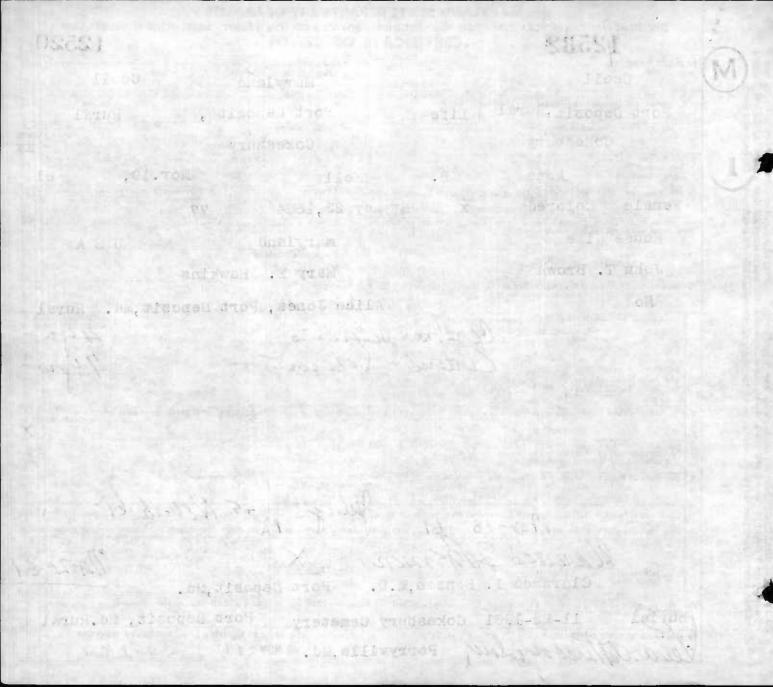
MADVIAND STATE DEDADTMENT OF HEALTH 1. PLACE OF DEATH

AV.	ARTEAND STATE DEPARTMENT OF TEATH	
DIVISION OF STATISTICAL I	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
12532	CERTIFICATE OF DEATH	12520
CE OF DEATH	2. USUAL RESIDENCE (Where deceesed live	ed, If Institution: Residence before admission)

a. COUNTY Cecil	MARYLAND	. STATE Mary	land b. cour	Cecil
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16			RURAL and give neerest town)
Port Deposit, Rural	Life	X Port D	eposit,	Rural
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital or institution)	pitel, give street eddress)	d. STREET ADDRESS Coke	sbury	8. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	Dey Yeer
(Type or print) Anna	В.	Kell	DEATH NOV	19, 1961
5. SEX 6. COLOR OR RACE 7. MARRIEI	NEVER MARRIED B	DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WIDOWE		y 23,1884	last birthdey) 77 yrs.	Months Deys Hours Min.
done during most of working life, even if refired) House Wile	ND OF BUSINESS OR INDUSTR	maryla:		US A
13. FATHER'S NAME		14. MOTHER'S MAIDEN		0.5.8
John T. Brown		Mary E	. Hawkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unkown) (If yes give we ror detes of service)	A 7	ine Tanas	Dont Deser	14 1/1 5
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a) (b) and (c))	Tee Jones	, Port Depos	IT, Md . Rural
PART I. DEATH WAS CAUSED BY:	anallan O An	1		ONSET AND DEATH
IMMEDIATE CAUSE (a)	out the per	uroses		4905
334 X DUE TO	Matoria 1	elessos		7,
Conditions, if eny, which (b)	e wow A	ceros	9	10/20-
geve rise to immediate cause (a), stating the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE CONDITION GIV	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	(Enter neture of injury in	Pert I or Pert II of item 18.)	
Hour e.m. While	Not While fact	CE OF INJURY (Home, fer pry, street, office bldg., etc		(County) (State)
		11011	-55 N/AII	18 61
21. I certify that (I) (this happital) attend	ded the deceased from (acy.	1934 to 14 11 1	1.Q., 19.1.;, that (I) (w) last
saw the deceased alive on / rov -	01961, and that	death occured at	A.M. from the causes	and on the date stated above
220. SIGNATURE CARLLES	Brown.	DILLYC	MED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Clarence I.	Benson, M.D.	22d. ADDRESS	eposit,Md.	1101-20-6
DO DIRECT SPENATION 225 DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	wn or county) (State)
Buy19 (pecify) 11-22-1961	Cokesbury	Cemetery	Port Depos	sit, Md.Rural
ONO PATAMANUS LOV	ADDRESS Perryvi	11e Md DATE N	OV 2 4 161	GISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Age 4 may be retained by the hospital or attending physician.

O FU ATAL DIRECTOR: After this certificate has been signed by the attending physician and comparation by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours after death. O HOSPITAL O HOSP



SEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	Page 4 may be retained by the hospital or attending physician. FRAL DIRECTOR: After this certificate has been signed by the attending physician and coming the funeral of, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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TAI	Page 4 may be retained by the hospital or attending physician. FERAL DIRECTOR: After this certificate has been signed by the or, page 3 should be detached for use as the burial-transit permit. ad with the State Dept. of Health prior to burial, cremation, or remo
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12533 CERTIFICATE OF DEATH 12521

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence belore admission)
Cecil MARYLAND		timore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give nearest town)
write RURAL and give nearest town)	10	
Perry Point 146 Days	Baltimore	I a. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
Veterans Administration Hospital	104 N. Cresson Street	YES NO
B. NAME OF First Middle	Last 4. DATE Month	Day Year
OECEASED (Type or print) BERNARD M.	LACHNER OF November	23 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Years last birthday) Months I D	
Male White WIDOWED DIVORCED	2/12/99 62 yrs. Months D	eys Hours Min.
11000		EN OF WHAT COUNTRY
done during most of working life, even if retired)	The bloth broad (south) a state of the bloth broad (south) and the bloth broad (south) a state of the bloth broad (south) and the bloth broad (south) a state of the bloth broad (south) and the bloth	
Laborer	Maryland	U.S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Tarah Tarkana (danagan)	Annie Cylander (deceased)	
Jacob Lachner (deceased) 15. Was deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1		
(Yes, no, or unkown) (If yes give war or dates of service)		
Yes WWI Unk. V	A Records, VAH, Perry Point, Man	w Land
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Bronchopneumonia,	bilateral, unresolved	4-5 days
Conditions, if any, which (b) Arteriosclerotic	hoomt discoss	
1-7	neart disease	unknown
gave rise to immediate cause (a), stating the underlying		
cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
Arteriosclerosis g		PERFORMED?
MI CELLOSCIELOSIS B		1123 11 110
Arteriosclerosis g 206. Accident was underlying 206. Describe how injury occured or contributing cause of death (if either, notify medical examiner)	. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or lown) (Cour	ty) (State)
e Hour s.m.	ory, street, office bldg., etc.)	
	(100 (3 11/00	7
21. I certify that MX (MAXXIVOX DAXXI) attended the decessed from	6/30 19.01 to 11/23 19.1	extension Linear Linear Linear
THE THE THE PARTY OF THE PARTY	deeth occured en: 1.5% Mfrom the causes and on the	ne date stated above
22a. SIGNATURE O		22b. DATE SIGNE
4 11/10000	ATTENDING MED. STAFF	11/24/
	PHYS. I-I DIRECTOR PHYS. X	11/24/
	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
22c. PHYSICIANS J. L. GAREY, Clapical Path	22d. ADDRESS	nd
22c. PHYSICHANS J. L. GAREY, Clanical Path NAME (Type J. L. GAREY, Clanical Path 23c. BURIAL CREMATION, 23b. DATE THEREOF (23c. NAME OF CEMETERY)	olo- VAH, Perry Point, Maryla	
22c. PHYSICHAN'S , NAME (Typer J. L. GAREY, Clanical Path 23e. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL Specify)	olo- VAH, Perry Point, Marylar or crematory 23d. Location (City, lown or county) (State)
22c. PHYSICIANS J. L. GAREY, Clanical Path 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL Specify) 23b. DATE THEREOF	olo- VAH, Perry Point, Marylar or crematory 23d. Location (City, lown or county) (State)
22c. PHYSICIANS J. L. GAREY, Clanical Path 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL Specify 23b. DATE THEREOF REMOVAL Specify	22d. ADDRESS Olo-VAH, Perry Point, Marylar OR CREMATORY 23d. LOCATION (City, town or county Baltimore, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S) (State)

THE PARTY NAMED IN ... broadstat Vaterios Maria recention Horacated 100 H. Cessen Street En - mains voil (12/11) Maio Manual Manual 1.3.0 200 (marabab) rathative simil (NEWS SEC) PRODUCTS, COST,

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area -- -- -- berigssett, lett. Ild , Linesportoness -- --

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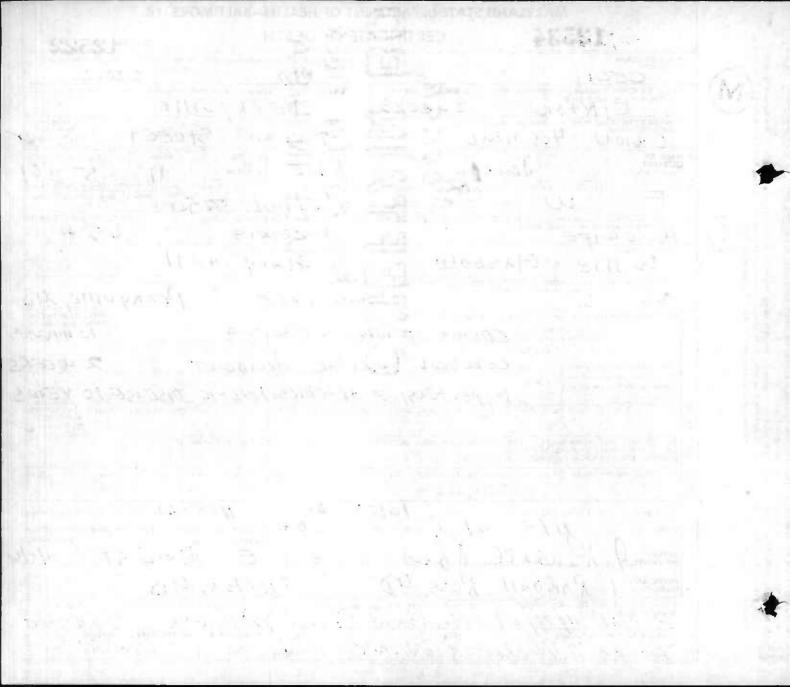
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12535 **CERTIFICATE OF DEATH** in by the funeral directar, and 2 should be filed with

Reg. Dist. 10.523

1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAND	g. STATE	Md.	ased lived. If in b. CO		il	admissi	ion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	nits, write c. LEI	NGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside co			give neare	est town)
Elkton			21 Yrs	X	Rural	Elkton				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, Union H		s}	d. STREET AL	DORESS				ONA	IDENCE FARM? NO 1
3. NAME OF		irst	Middle	11	4. DA	re				(100)
DECEASED		HITING	MARLOW	SR.	OF	THNOVem	ber	Day		rear 1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In last birth	1	R 1 YEAR IF	7	
Male	White	WIDOWED	DIVORCED [Oct. 8,	1881	80	yrs. Months	Days I	Hours	Min.
10a. USUAL OCCUPATION during most of war U.S. GOVT	king life, even if retired	d)	of Business or Ind		CE (Stote or foreign	in country)	12.CI	TIZEN OF W	VHATC	OUNTRY
13. FATHER'S NAME	, .	Liett et	OLINS	14. MOTHER'S				ODA	-	_
Luke M		BCECO IV. COCIA	L SECURITY NO.	INFORMANT	No Info	0	Address			
	(If yes, give war or dates of					_				
No		Non	le C	harles W	. Marlo	w, Jr.	Wilm.	Del		
Conditions, if a gave rise to i cause (o), stating lying cause last.	the <u>under-</u>	(c)	UTE DA	CIER	AL G	KT		18	wee	ek,
S Can	SUNDERLYING CATH CAUSE OF DEATH MEDICAL EXAMINER	Heart	BUTING TO DEATH BI	Chan	wie /s	web &	ten -		PERFO	AUTOPSY RMED? NO
20c. TIME OF INJUR Hour a.m. p. m.		ear 20d. INJURY While	OCCURRED 20e. Nat while	PLACE OF INJURY (H factory, street, office	ome, farm, 20f. bldg., etc.)	(City or tawn)		(County)		(State
21. I certify th	at I attended the	e deceased fro	$_{\rm om}$ $1n/$	6. 196/	to	14 11	hthot I I	ost sow	the d	eceose
alive on/	1/4	19 6/	_, and that dea	0 /	4 . // /					
	(11) 1	FI	1			S (Street, city or				E SIGNE
ACTUAL SIGNATURE	1 ety	Flunk		_ M.D.	154	W. M	DIN		11/	1/6/
PHYSICIAN'S NAME (Type)	PETE	ER ST	AVRAK	is M.D.	FL	KTON	Md	, 		, ,
220. BURIAL, CREMATIC REMOVAL (Specify)			NAME OF CEMETERY lpin Man			CATION (City, 1)	town, or county		(Stote	e)
23. FUNERAL DIRECTOR		/ /	ADDRESS		24a. REC'D BY RE		REGISTRAR'S S			
PIPPIN FU	VERAL HOM	#1	D. Elkto		DATENOV 9	'61	arthur &	1 -		

24 hours after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may be retained by the haspital ar attending physician.

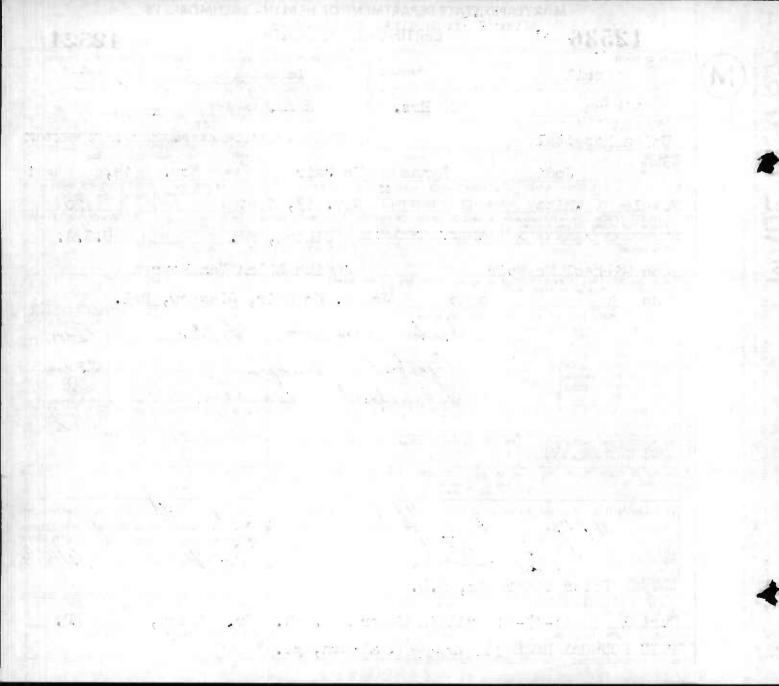
TO FLOCKEAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page, 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Page the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs offer death. VS A1S (4) 1SM 9/58

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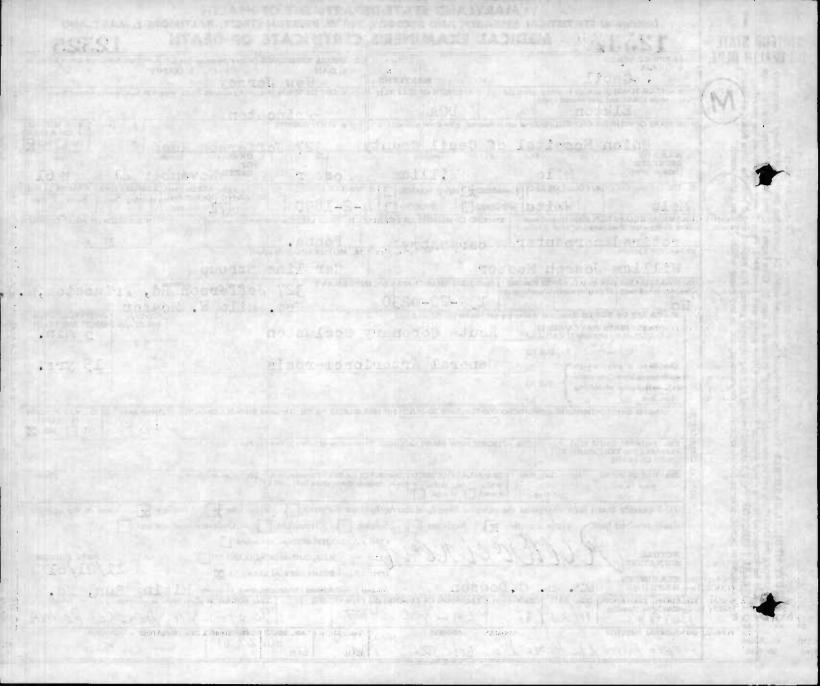
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



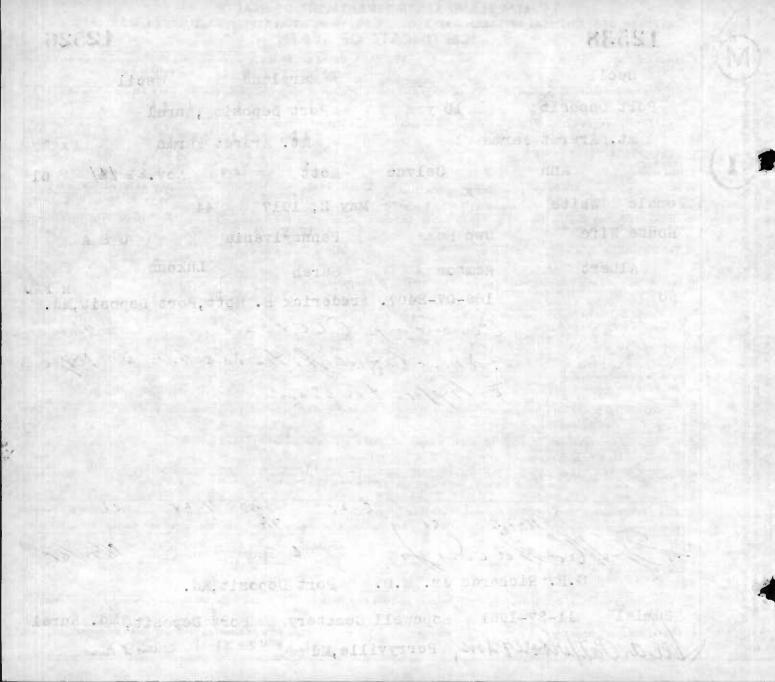
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE OF DEATH **HEALTH DEPT** PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased livad, If institution: Residence before admission) a. COUNTY Health, funeral director. Page ained for your files. a. STATE b. COUNTY Cecil MARYLAND New Jersev b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Elkton Princeton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Boar ON A FARM? etained e State B Union Hospital of Cecil County YES NO Je 3. NAME OF Day Year DECEASED (Type or print) Milo William DEATH November Mosser 61 19 5. SEX 6. COLOR OR RACE and 3 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours 4-2-1890 Male 2, an and 72 and te WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even If retired) Pages 1, pages | within retired Penna. carnenter USA carpentry form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8. Give William Joseph Mosser Caroline Stroup it. File 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Jefferson Rd, Princeton, N. J. permit. (Yes, no, or unkown) | (If yes give war or dates of service) EPUTY MEDICAL EXAMINER: This certificate should be executed in Item Mrs. Milo W. Mosser CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along a burial-transit p .= ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Acute Coronary Occlusion IMMEDIATE CAUSE (e) min. in pencil removal DUE TO General Arteriosclerosis Conditions, if any, which (6) Vrs. es execute the certificate, writing the word "pending" ould be forwarded to the Chief Madical Forming". gave rise to immediate cause hould be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (e), stating the underlying 6 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | burial CAUSE OF DEATH 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, 1 Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) 0 factory, street, office bldg., etc.) While Hour e.m. Not While prior at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection + Inquiry and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Dr. R. C.Dodson NAME (Type) Address (Street, city, town, or county) Rising Sun. 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOYAL (Specify) 0 UKIAL FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME NOV 2 2 '61 Christing & through 5M 9/60 DATE

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12538 CERTIFICATE OF DEATH 12526

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission)
Cecil	a. STATE Maryland Cecil
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearast town)
write RURAL and give nearest town)	C. CITT OK TOWN (III outside corporate titolis, with KOKAL and give hearest town)
writh Deros it 15 yrs	Y Port Deposit Rural
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Mt. Ararat Farms	Mt. Ararat Farms YES NO
3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Yaer
(Type or print) Ann Celyne	Mott DEATH NOV. 24 28/ 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	May 2, 1917 last birthday) Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	
dona during most of write life, avan if ratired) Own Home	Pennsylvania USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Ramson	Sarah Lukens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address D D
(Yas, (Nor unkown) (If yes give war or dates of service) 186-07-2407.	rrederick B. Mott, Port Deposit, Md.
18. CAUSE OF DEATH [Enter only one causa per lina for (a), (b), and (c).]	I INTERVAL BETWEEN
C C	OCCYOS. OL ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	CCC 703.84 Zhinok.3
430 DUE TO 2	h. l.
Conditions, if any, which) (b) Pence (-3	ed Autro is sclevosis. 10000
gave risa to immediate causa	
(e), stating the underlying DUE TO	
causa last. (c)	ersion
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
	PERFORMED? YES NO 1
U CONTROL AND CONTROL OF LOS DESCRIPTION OF THE PROPERTY OF TH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED.	, (Entar natura of injury in Part I or Part II of itam 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State)
	pry, streat, offica bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from.	1952 to 1/- 28 , 1961, that (I) (we) last
	death occured at 2.4.M, from the causes and on the date stated above.
	22b. DATE
22a. SIGNAFORE	ATTENDING MED STAFF SIGNED
TE // Womanes for M.	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) G.H. Richards Jr. M.D.	Port Deposit Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
REMOVAL (Sparity)	Cemetery Port Deposit Md. Rural
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Lecu, Calperion 7 2000, Perryvi.	11e, Md DATE NOV 28'61 arthur 2. Thomas



VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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12539

CERTIFICATE OF DEATH

	4	4)	-	63	My
Reg.	Dist.	160	J	2	1

1.	PLACE OF DEATH				2. USUAL RES	IDENCE (WI	here deceased	lived. If institution	on: Residence b	efore ad	Imission)
11		Cecil		MARYLAND	M	aryla	nd		Cecil		
1	b. CITY OR TOWN (I RURAL and give no	If outside corporate limi earest town) ELKton	ts, write	c. LENGTH OF STAY IN 1b	V -	town (IF o		ote limits, write RU	JRAL ond give	nearest	town)
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)	d. STREET	ADDRESS	,				RESIDENCE
L	OR INSTITUTION	Union Hos	pita	1	1						N A FARM?
3.	NAME OF DECEASED	Fig	st	Middle	Lo	ast	4. DATE OF	Mont	h	Day	Year
	(Type or print)	Carl		D.	Mulle	r	DEATH	No	v. 1	4	19 61
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIR	TH	9	. AGE (In years lost birthdoy)	IF UNDER 1 YE	_	
	male	white	WIDOW	DIVORCED	5/30/	1899		62 yrs.	Months Day	/s Ho	urs Min.
10	a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHE	LACE (Stote	or foreign cou	ntry)	12. CITIZEN	OF W	HAT COUNTRY?
	mmercial	Artist		Retired	Phi 14. MOTHER		phia,	Pa.	U.	S.A	•
"	Daniel M	uller					h Muh	е			
15		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. 1	NFORMANT			Addr	ess		
(1	es, no, or unknown) NO	(If yes, give war or dates of s	ervice) 2	16 03 4612 R	obert	C. Mu	ller.	ul Chip	penda	le (Circle
F	IB. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]				elaware	1	NTERVA	L BETWEFN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Vrema						3	WAS.
	345× DUE TO										
	Conditions, if any, which) (b) Complications of multiple oderogy 12 mm										
	gove rise to i)	VIV.VIII		70001		1
	lying couse lost.	The <u>Under-</u>)								
Z	PART II. OTH			CONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(c) 19. W	AS AUTOPSY
Z Y			4 3								RFORMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture	of injury in	Port 1 or Port I	l of item 18.)			
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			ACE OF INJURY	(Home, form	20f. (City o	or town)	(Coun	ty)	(Stote)
MEC	p. m.	19	While of wor			o biogi, oic					
	21. I certify th	at I attended the	deceas	ed fram. 8 15	, 196	_, to	11/14	, 196/	that I last	saw t	he deceased
1	alive an	11/13	12_	and that death	accurred at	LOA	_M, fram	the causes a	nd an the	date s	tated abave.
		M. 0	0		6)		et, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	UNIX		andax	M.D	Lia		Sim	mix	11	1114/61
П	PHYSICIAN'S	1/1.1		70,0	1000000					*	7
	NAME (Type)	11/411		layloris		Rist	Ing Sun	Mary	land.		
22	o. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY O	R CREMATORY			ON (City, town, o	r county)	(State)
L	Burial	m = /- 0 /	961	Moreland Me	morial	Parl	Bal	to. Co	Mar	าซไล	nd
	FUNERAL DIRECTOR		Α-	ADDRESS	Mary Mary		D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA	TÜRE	
	.W.Jenkir	ns & Sons	CO.	4905 York F	lgad _{Md}	DATE	243 A 4 4		ribun 8. 1	Trava	

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FOR STATE HEALTH DEPT. TO CUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If yo delay is necessary, plead execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to prince a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 met Deckerained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or fits designated agent, prior to burial, cremation, or removal, and in any event within 72 hours mer death.

VS. A15ME 5M 9/60

	MARYL	AND STATE D	EPARTMENT OF	HEALTH	
Division of STA	TISTICAL RESEARCE	AND RECORDS,	301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
2540	MEDICAL I	XAMINER'S	CERTIFICATE	OF DEATH	1050

2.01710		020000000000000000000000000000000000000		2528
1. PLACE OF DEATH a. COUNTY				itution: Residence before edmission
Cecil	MARYLAND	a. STATE Md.	b. COUNTY	Cecil
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outside corporate fimits, write RU	
write RURAL and give neerest town)	DAA	77.7-+ as	, ,	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	D.O.A.	d. STREET ADDRESS	T A	I a. IS RESIDENCE
	spinor, give sireer suggests	G. STREET ADDRESS		ON A FARM?
Union Hospital		324 W. Mai		YES NO
3. NAME OF first DECEASED	Middle	Last	OF Month	Day Year
(Type or print) KYLE	LEADING VALUE	MULLINS	DEATH NOV.	4, 19 61
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF	
Male White WIDOW		Nov. 11. 19	lest birthday) Mi	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. H	CIND OF BUSINESS OR INDUSTR		10	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even If retired) Laborer	Plastic	Parmacuri T	le. W. Va.	U.S.A.
13. FATHER'S NAME	1102010	1 14. MOTHER'S MAIDEN N		0 6 10 6 24 6
William Harvey Mullin			lankenship	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewarordatesofservice)			Address	
		m. H. Mulli	ns, Elkton, I	Md.
18. CAUSE OF DEATH (Enter only one cause per	line for (e), (b), end (c).			INTERVAL BETWEEN ONSEJ AND DEATH
PART I. DEATH WAS CAUSED BY: Fra.	ctures Skull	and neck		5 min.
819X DUE TO				
geve rise to Immediate cause				
(a), steting the underlying DUE TO				CONTRACTOR DESCRIPTION
cause last. (c)	A TOTAL TO BE A THE BUT A LOCAL TO BE A LOCA	TO THE TAX	I Discuss continued outside	
PART II. OTHER SIGNIFICANT CONDITIONS COL	NIKIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMINA	I DISEASE CONDITION GIVEN	PERFORMED?
CAI				YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	RIBE HOW INJURY OCCURED. (I	Enter nature of Injury In Pert I	or Pert II of Item 18.)	
IUC.II U	urned over a	fter cuttin	g off of tel	ephone Pole
3 20c. TIME OF INJURY Month, Dey, Year 20d.	INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm,		(County) (State)
20c. TIME OF INJURY Month, Dey, Year 20d. While 3:00m. P. M. 1 1 /46/61 et wo	rk Not While	ory, street, office bldg., etc.)	North East	R.D. Cecil Co
21. I certify that I took charge of the ren		ald an Autonsy In		
			-	
death resulted from: Natural causes	Accident X, Suic	ide, Homicide		ner
11/1/11/11	chama	CHIEF MEDICAL EX	AMINER	
SIGNATURE JACOUTO	VIVI	M.D. ASSISTANT MEDICA	AL EXAMINER	DATE SIGNED
EXAMINER'S S		DEPUTY MEDICAL E	XAMINER X	11-5-61
NAME (Type) R. C. DOGSON,	M.D. R	ising Sun, cir	r, fown, or county)	
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY 2	2d. LOCATION (City, town, or	country) (State)
Burial 11-8-61	Vance Cemet	TTG	Paynesville.	W. Va-
23. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 246. REGISTR	RAR'S SIGNATURE
TPPTN FUNERAL HOME Con	sed m Stalk	ton Marrayou	19 '61 Cuch	ug S. Kraus
TELTH LANGUAT HOME COLSC	wa III MASIA	COLL MICHAE NOV	3 0.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE

O DEFULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Why delay is necessary, and the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the need director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DE	TO FUN	
	A15ME 9/60	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12042 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12530

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before edmission)
Cecil MARYLAND	Md. b. county	217
b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	tolko mka
Rural Rt. 274 Instant	Elkton 3/	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
North East, Md.	214 E. Main Street.	ON A FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) William Riley	Payne DEATH Nov. 4.	1961
5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y last birthday) Months Di	
Male White WIDOWED DIVORCED	June 12. 1936. Last birthday) Months De	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY
Laborer Automobile	Paynesville, W. Va.	J.S.A.
13. FATHER'S NAME	Paynesville, W. Va. I	
Irvin Payne	Rhoda Mullins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address	
U.S. ARMY 236-54-6684 Mi	s. Ella Jane Payne, Elkton,	Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	De La Court	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Broken Neck an	d crushed hoder	ONSET AND DEATH
WE TO	a crasited body) mins
Con		
gave/see to receive the first		
(e), stelling the underlying DUE (O		
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS ALITORSY
<u>————————————————————————————————————</u>		PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of item 18.)	YES NO X
R PRIMARY TO OF CONTRIBUTING		
	fter cuttingoff Telephone P KCE OF INUURY (Home, farm, 201. (City or town) (Count	ole (Stete)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLY While Not While of work 2 Rt et work 2 Rt	tory, street, office bldg., etc.) !	
	2/4 North East R.D. Cecil	
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes . Accident . Suice		
I WILLIAM IN BIS	CHIEF MEDICAL EXAMINER	
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S D C DODGOM NO	DEPUTY MEDICAL EXAMINER	11-5-61
NAME (Type) R. C. DODSON, MD. Ri	Sing Addition of Man Jown, or county)	
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, lown, or country)	(State)
Faynal 11-8-61 Payne Cemet		a
23. FUNERAL DIRECTOR ADDRESS	1 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN NOV 9 '61 Circling &.	
FIPPIN FUNERAL HOME Consed m GenElk	ton, Mitoure NOV 9 '61 Cirilian S.	/ Craude

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VS A15 (4) 15M 9/58

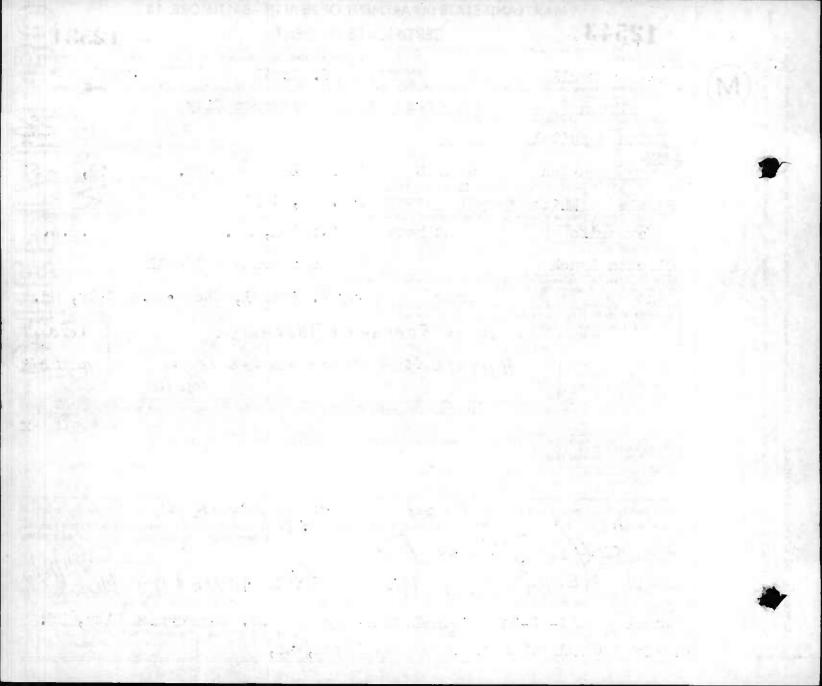
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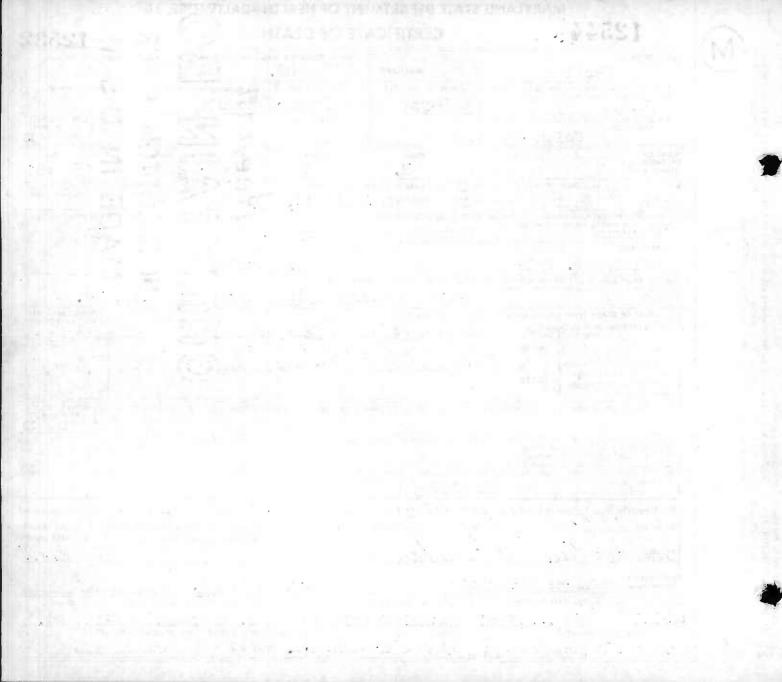
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dis. 2531

1. PLACE OF DEATH a. COUNTY	Cecil		MARYL	AND	a. STATE	Cec:		b. COUNT		ence before	e admiss	sion)
b. CITY OR TOWN (I RURAL and give ne		its, write	6 days	N 1b		town (If a		city	RURAL and	give near	rest tawr	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, s Hospital	give street	address)		d. STREET					e	ON A	FARM?
3. NAME OF DECEASED (Type or print)	MARTHA	rst	Middle CLINTON		PENS		4. DATE OF DEATH		inth	Day		Year 19 61
5. SEX Female	6. COLOR OR RACE	7. MAR WIDOW			Oct. 1	O, 1	879	9. AGE (In years last birthdoy)	Months	R 1 YEAR Days	Haurs	Min.
10a. USUAL OCCUPATION during most of work	king life, even if retired	dane 10b.	KIND OF BUSINESS OF At hom			PLACE (State			12.CI	TIZENOF	WHAT	
13. FATHER'S NAME					14. MOTHER							
Clinton 15. WAS DECEASED EVE		crea la	COCIAL SECURITY NO	100	FORMANT	lathe:	rine	Caldwe	dress	- 1		
	(If yes, give war or dates of		none none		nry J.	Pen	sel,	Chesape		Cit	у,]	Md.
Canditions, if a gove rise to i cause (a), stating lying cause last.	mmediate DUE TO	H y	PERTENSI	v∈	CARDA	o VASC		RENAL	IVEN IN PA	RT 1(a) 119	0 71	EAKS AUTOPSY
PART II. OTH			SCRIBE HOW INJURY OF								PERFC	NO 📆
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				,							
ZOc. TIME OF INJUR Haur a. m. p. m.	Y Month, Doy, Ye	or 20d. While at wa	Nat while_		CE OF INJURY ory, street, affic			y ar tawn)		(County)		(Stote)
21. I certify the alive on N. (HENRY	decea, 19		5	,	211	_M, fram	the causes a street, city ar town	nd an th		stated	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		61	Bethel (crematory		_	Chesape		City	(Stat	le)
23. FUNERAL DIRECTOR	S SIGNATURE NERAL HON	Œ.	ADDRESS ADDRESS	- T	likton	24a. REC	DAY REGIS	TRAR 24b. REC	Chrimy	S. The		



1.	125			CERTITION	ATE OF DEAT		Reg. Dist. No		33%
	o. COUNTY	ecil		MARYLAND	o. STATE Md	here deceased lived. If institution b. COUNTY	on: Residence before Ce C:		sion)
	b. CITY OR TOWN (I RURAL and give no	If autside corporate limit earest town)	1 / .	TH OF STAY IN 16		outside corporate limits, write R	URAL ond give ne	arest taw	n)
_	Elkton			Days	de de	eake City		- 1- /-	
	OR INSTITUTION	TAL (If not in hospital, go Union H			d. STREET ADDRESS				FARM?
3.	NAME OF DECEASED (Type or print)	Firs	lliam	Middle H.	Pyle	4. DATE Mon			Yeor 1961
5.	. SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	+	
	Male	White	WIDOWED 🏋	DIVORCED	April 19,18	lost birthdoy) 78 yrs.	Months Doys	Hours	Min.
10	a. USUAL OCCUPATIO	ON (Give kind of work d king life, even if retired)	ione 10b. KIND OF	BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT C	OUNTRY
	Fisherma	n	Fisi	h	Marylan	ad	US.	A	
13	B. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	71		
	Willia	m C. Pyle			Agnes 1	Potrigge			
15 (Y	. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16. SOCIAL SI	ECURITY NO.	NFORMANT	Add			
	No		Noi	ne Ge	orge Pyle	Chesapeake (City, Me	d.	
		ATH [Enter only one country on		(b), and (c).]/ Senten	e Then	pos.s		SET AND	
	Conditions, if or gove rise to it cause (a), stoting lying cause lost.	ny, which (b)	Gen	entres	1 Arberso	sclerosis		yea	18
) (c)	OITIONIS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
Z		IER SIGNIFICANT CON							
ATION		IER SIGNIFICANT CON	NIION3 CONTRIBO						RMED?
CERTIFICATION	PART II. OTH					Part I or Port II of item 1B.)			NO.
MEDICAL CERTIFICATION	PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCURRED		m, 20f. (City or town)	(County)	YES	RMED?
	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MEDICAL EXAMINER MEDICAL E	20b. DESCRIBE HOV	W INJURY OCCURRET	D. (Enter noture of injury in ACE OF INJURY (Hame, far tory, street, office bldg., et	m, 20f. (City or town)		YES	ORMED?
	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MEDICAL EXAMINER MEDICAL E	20b. DESCRIBE HOVE 20d. INJURY OC While Not at work of w deceased from	W INJURY OCCURRED CCURRED 20e. PU while foc	D. (Enter noture of injury in ACE OF INJURY (Hame, far ctory, street, office bldg., et	m, 20f. (City or town) 18 NOV 1941	thot I last so	YES _	(State
	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th alive on	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MEDICAL EXAMINER MEDICAL E	20b. DESCRIBE HOVE 20d. INJURY OC While Not at work of w deceased from	W INJURY OCCURRED CCURRED 20e. PU while foc	D. (Enter noture of injury in ACE OF INJURY (Hame, far ctory, street, office bldg., et	m, 20f. (City or town)	thot I last so	YES	(State
	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MEDICAL EXAMINER MEDICAL E	20b. DESCRIBE HOVE 20d. INJURY OC While Not at work of w deceased from	W INJURY OCCURRED CCURRED 20e. PU while foc	D. (Enter noture of injury in ACE OF INJURY (Hame, far ctory, street, office bldg., et	m, 20f. (City or town) 1. 8. WW, 19.4. _M, from the causes on	thot I last so	YES	(State
	PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m. p. m. 21. I certify th alive on ACTUAL SIGNATURE	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MEDICAL EXAMINER MEDICAL E	20b. DESCRIBE HONOR or 20d. INJURY OC While Not at work of w deceased from 19 61,	W INJURY OCCURRED CCURRED 20e. PU while foc	D. (Enter noture of injury in ACE OF INJURY (Hame, far ctory, street, office bldg., et	m, 20f. (City or town) C.) 18 NOV., 1944, M, from the causes on ADDRESS (Street, city or tawn,	thot I last so	YES	(State
MEDICAL	PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20c. BURIAL, CREMATIO	AS UNDERLYING DEATH MEDICAL EXAMINER) Y Manth, Day, Year 19 That I ottended the Medical Examiner of	20b. DESCRIBE HOW IT 20d. INJURY OF While Not at work of two deceased from 19 61, Chew enshain	W INJURY OCCURRED CCURRED 20e. PU while foc	D. (Enter noture of injury in ACE OF INJURY (Hame, far tory, street, office bldg., et , 19, to occurred at M.D	m, 20f. (City or town) C.) 18 NOV., 1944, M, from the causes on ADDRESS (Street, city or tawn,	thot I last so d on the date state)	YES	(State
MEDICAL	PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m. p. m. 21. I certify th alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AS UNDERLYING DEATH MEDICAL EXAMINER) Y Manth, Day, Year 19 That I ottended the Medical Examiner of	20b. DESCRIBE HON or 20d. INJURY OC While Not at work of w deceased from 19 6/ Cheu enshain F 22c. NA	W INJURY OCCURRED while 20e. PU foc ork 13 Max and that death	D. (Enter noture of injury in ACE OF INJURY (Hame, far tory, street, office bldg., et , 19, to occurred at M.D	m, 20f. (City or town) 18 NOV., 19 Let. M, from the causes on ADDRESS (Street, city or tawn,	that I last soon don the date state)	w the ce stotece DAT	(State
MEDICAL	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m. p. m. 21. I certify th alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATIO REMOVAL (Specify) 31. FUNERAL DIRECTOR:	AS UNDERLYING DEATH MEDICAL EXAMINER) Y Manth, Day, Year 19 That I ottended the Shaw Callace Ob No. 225. Date Thereo Nov. 22	20b. DESCRIBE HON or 20d. INJURY OF White Not at work of two of we deceased from 19 6/, Clean Chain F 22c. NA 1961 Be ADD	W INJURY OCCURRED while 20e. Pur foc ork 13 Max and that death where of Cemetery or ethel Cer	D. (Enter noture of injury in ACE OF INJURY (Hame, far thery, street, office bldg., et , 19	m, 20f. (City or town) C.) 19 1/2/, M, from the causes on ADDRESS (Street, city or tawn, ton, Md. 22d. LOCATION (City, town, or the sapes	that I last soon don the date state)	w the coe stoteco	(State



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12545 CERTIFICATE OF DEATH Ros Ditt. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CECIL MARYLAND ECIL the funeral a b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 73 SUN d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION QUEEN YES NO NO 4. DATE Manth OF DEATH NOVEMBER NAME OF Middle DECEASED SPENCER REYNOLDS (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) GENERAL PAINTING AINTOX 13. FATHER'S NAME 17. INFORMANT ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part III of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a. ft. While Nat while at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at ______ B alive on _M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

poge TO FU

director,

within 24 haurs after death.

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

24b. REGISTRAR'S SIGNATURE

246. REC'D BY REGISTRA DATE NOV 2 0 '61

22d LOCATION (City, town, or county)

ON A FARM?

Year

PERFORMED?

(Stale)

DATE SIGNED

md

(State)

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1915-1913	13 7 - R. Y	I Page 1	SPANSE C. W.	
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E Samuel				
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	District to Carl Page		MA MAN	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY Page files. e. STATE b. COUNTY CECTA CECTI MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) DaOaA a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NOT Union Ho spital 3. NAME OF Middle 4 DATE Month Dev Year Last DECEASED OF (Type or print) DEATH 1967 HERBERT REYNOLDS after 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) WIDOWED | DIVORCED a Page 5 I and 1 72 No 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Machine U.S.A. pages 1 Operator Cable Md. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Johnson Address (Yes, no, or unkown) | (Ifyas give war or detas of service) Baula E. Reynolds Rising Sun NO 219 36 0872 in Md. Office along w burial-transit p Fracturem of right fibula and Tibia compounded ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Fracture of neckabrasion both legs left side of Conditions, if eny, which (b) forehead Laceration of scalp 22 in long and 12in long. gave rise to immediate ceuse DUE TO Examiner's a used as (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 NO 0 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Pert II of item 18.) o the certificate, writing the orwarded to the Chief Med.
DIRECTOR: Page 3 shouted agent, prior to burial, c PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Car wrecked and he was hit hit a tree. 20d. INJURY OCCURRED 1-20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Dey, Year (County) fectory, street, office bldg., etc.) Not While Md. Cecil Elkton R.D. at work at work Route Inspection | Inquiry 3 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion forwarded to DIRECTC Undetermined manner death resulted from Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY AEDICAL EXAMINER FISING SUN Address (Street, city, town, or county) EXAMINER'S R.C.Dodson NAME (Type) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 Brookview Buria: VS. A15ME arthur S. Krous Rising Sun, Md DATMON 2 7 '61 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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DEPI.	l. P.	COUNTY	TH			2. USUAL		CE (Where dece	b. COUN		ence before	admission)
(A/A)			CECIL		MARYLAI	ND Di	strict	of Col	umbia			
	b.		(if outside corporate line of give neerest town)	nits,	c. LENGTH OF STAY IN	t 1b c. CITY	OR TOWN	(If outside corpor	ate limits, write	RURAL and giv	a neerest to	wn)
M		Perryvi			5 Mo.	W	ashina	ton				
	d.			(if not in ho	spitel, give street eddress)		ET ADDRESS			HTV		RESIDENCE A FARM?
		VAH., P	erry Point,	Md.		2	426 -N	Street	N.W.	ハノイニ	-	NO [
1		IAME OF ECEASED	Fir	si	Middle	Las	ıl .	4. DATE	Month	n Da	у Үе	er
- 31		(ype or print)	Fructuoso	RIV	/ERA			DEATH	Nov.	10.1961	19	
	5. S	EX			ED NEVER MARRIED	8. DATE OF B	IRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEA		R 24 HRS.
		Male	White	WIDOW	ED DIVORCED	1-21-	21.		217 Yrs.	Months Days	Hours	Min.
		USUAL OCCUPA	ATION (Give kind of wo		CIND OF BUSINESS OR INC			or foreign coun	iry	12. CITIZEN	OF WHAT	COUNTRY
100			working life, even if reti	ted)		A	shert	n. Texa		II	S.A.	
		FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME	20.18		400,4004	
		Bicente	Rivera			М	arie N	fendez				
		WAS DECEASED	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.			1011408	Address		1.15	
	(Yes,	70	(If yesgiva war or dateso		157-44-7890	V.A. Hos	nital	Records	-Perry	Point.	Md.	
12	1	Yes 18. Cause of	Korean DEATH [Enter only or		line for (e), (b), and (c).)						NTERVAL BI	
		PART I. DEA		0	Suffocation coidental D	rowning					1 H ₂	
/		gava rise to imme	DITE T	0		,						
		gava rise to imme (a), stating the cause last.	underlying DUE T	c)		,						
	-	gava rise to imme (a), stating the cause last.	underlying DUE T	c)	NTRIBUTING TO DEATH BE	UT NOT RELATED T	O THE TERM	INAL DISEASE CO	ONDITION GIV	/EN IN PART 1(a)	19. WAS	AUTOPSY ORMED?
	-	gave rise to imme (a), stating the cause last. PART II. OT!	underlying DUE TO HER SIGNIFICANT CONI Diabetes	Mellit	tus					/EN IN PART 1(a)	PERF	AUTOPSY ORMED? NO
100	CERTIFICATION	gava rise to imm (a), stating the cause last. PART II. OT!	underlying DUE TO (I) HER SIGNIFICANT CONI Diabetes CAUSE WAS CONTRIBUTING	Mellit		RED. (Enter netura o				ven in part 1(a) unable	YES X	ORMED?
Contract of the last of the la	L CERTIFICATION	gave rise to imm (a), stating the cause last. PART II. OTH	HER SIGNIFICANT CONIC	Mellit Caugh	tus RIBE HOW INJURY OCCUP e head out INJURY OCCURRED 200	RED. (Enter netura o	finjury in Pe F dlt	ch or Part II of II	in ^{18.)} and		YES X	ORMED?
100	MEDICAL CERTIFICATION	gava rise to imm (a), stating the cause last. PART II. OTH 20a. EXTERNAL PRIMARY or cause of DEAT 20c. TIME OF IN Hour e.m	Underlying DUE TO () HER SIGNIFICANT CONI Diabetes CAUSE WAS CONTRIBUTING H. JURY Month, Day, 10 n. 19	Mellit 20b. DESC Caugh rais (ear 20d. Whiles we	tus RIBE HOW INJURY OCCUP e head out INJURY OCCURRED 200	RED. (Enter neture of OATO OVE Of Water e. PLACE OF INJUR factory, street, off	f injury in Pe P dit Y (Home, far fice bldg., at	m, 20f. (City of	em ^{18.)} and or town)	unable (County)	YES X	NO (State)
200	MEDICAL CERTIFICATION	gave rise to imm (a), stating the cause last. PART II. OTH 20s. EXTERNAL PRIMARY or CAUSE OF DEAT 20c. TIME OF IN Hour e.m p.n 21. I certify	Underlying DUE TO () HER SIGNIFICANT CONI Diabetes CAUSE WAS CONTRIBUTING H. JURY Month, Day, 10 n. 19	Mellit 20b. DESCI Caugh rais fear 20d. Whill st wo	tus RIBE HOW INJURY OCCUP e head out INJURY OCCURRED 200 In Moi While at work at an arm of the common and t	RED. (Enter neture coard ove of water e. PLACE OF INJUR factory, street, off e, held an Auto Suicide)	f injury in Per T dlt Y (Home, far fice bldg., at	m, 20f. (City of c.)	em ^{18.)} and or town)	unable (County)	YES X	NO (State)
Contract of the last of the la	MEDICAL CERTIFICATION	gave rise to imm (a), stating the cause last. PART II. OTH 20s. EXTERNAL PRIMARY or CAUSE OF DEAT 20c. TIME OF IN Hour e.m p.n 21. I certify	Diabetes CAUSE WAS CONTRIBUTING HILL HURY Month, Day, 10. 19 that I took charge	Mellit 20b. DESCIO rais fear 20d. Whill st wo	e head out INJURY OCCURRED 20th at work at work at work at work at mains described above	RED. (Enter neture of OAPd OVE Of water of PLACE OF INJUR factory, street, off e, held an Auto Suicide, CHI	Y (Home, far fice bldg., at Homicide	m, 20f. (City of Inspection [, Under EXAMINER DICAL EXAMINER	and or town) Inquire etermined m	unable (County) ry X. an	YES X	(State)
V	MEDICAL CERTIFICATION	gava rise to imm (a), stating the cause last. PART II. OTH 20s. EXTERNAL PRIMARY or or CAUSE OF DEAT 20c. TIME OF IN Hour e.m. p.m. 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Underlying DUE TO THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT Month, Day, 10 that I took charge d from: Natural Significant Control of the Significant Co	Mellit 20b. DESCI Caugh rais fear 20d. Whil st wo	e head out INJURY OCCURED 20. INJURY OCCURED 20. In Mot While at work at work Accident	RED. (Enter neture of OArd OVE Of water PLACE OF INJUR factory, street, off e, held an Auto Suicide, CHI M.D. AS: DEP	Y (Home, far fice bldg., at Homicide lef MEDICAL SISTANT MEDICAL dress (Street,	Inspection Und	im 18.) and or town) Inquire etermined in the state of the state	unable (County) ry [X]. ar nanner [] .0/61 Rising	to to DATE SI	(State) Opinion
VV	MEDICAL CERTIFICATION	gava rise to imm (a), stating the cause last. PART II. OTH 20a. EXTERNAL PRIMARY or or CAUSE OF DEAT 20c. TIME OF IN Hour e.m. p.m. 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S	Underlying DUE TO THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT CONTRIBUTION THE SIGNIFICANT CONTRIBUTIO	Mellit 20b. DESCI Caugh rais fear 20d. Whil st wo	e head out INJURY OCCURRED 20. INJURY OCCURRED 20. In Mot While at work at wor	RED. (Enter neture of Ard OVE Of water PLACE OF INJUR factory, street, off e, held an Auto Suicide, CHI M.D. AS: DEP Ad RY OR CREMATOR	Y (Home, far fice bldg., at Homicide IEF MEDICAL DISTANT MEDICAL OTHER M	Inspection Und EXAMINER DICAL EXAMINER City, town, or ec	in 18.) and or town) Inquire etermined in 11/1 Sunty) ON (City, town	unable (County) Ty X, ar manner .0/61 Rising Ty or country)	to to DATE SI	(State)
VV	WEDICAL CERTIFICATION	gava rise to imm (a), stating the cause last. PART II. OTH 20e. EXTERNAL PRIMARY OF CAUSE OF DEAT 20c. TIME OF INHOUSE OF DEAT 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMA'REMOVAL (Specemoval	Underlying DUE TO CONTRIBUTION OF THAT I took charge of from: Natural Contribution of the Contribution of	Mellit 20b. DESCI Caugh rais fear 20d. Whil st wo of the rer causes	e head out INJURY OCCURRED 20 INJURY OCCURRE	RED. (Enter neture of Ard OVE Of water PLACE OF INJUR factory, street, off e, held an Auto Suicide, CHI M.D. AS: DEP Ad RY OR CREMATOR	Y (Home, far fice bldg., at the posy X). Homicide SIEF MEDICAL SISTANT MEDICAL CONTROL (Street, Y)	Inspection [In	im 18.) and or lown) . Inquition the petermined in the petermined	unable (County) ry [X], ar nanner [] 0/61 Rising , or country) Md.	yes 12 to	(State) Opinion
2	WEDICAL CERTIFICATION	gave rise to imm (a), stating the cause last. PART II. OTH 20a. EXTERNAL PRIMARY or CAUSE OF DEAT 20c. TIME OF IN Hour e.m p.n 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMA'REMOVAL (Spec	Underlying DUE TO THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT CONTRIBUTING THE SIGNIFICANT CONTRIBUTION TO SIGNIFICANT CONTRIBUTION CONTRIBUT	Mellit 20b. DESCI Caugh rais fear 20d. Whill st wo	e head out INJURY OCCURRED 20. INJURY OCCURRED 20. In Mot While at work at wor	RED. (Enter neture of ard ove of water of water e. PLACE OF INJUR factory, street, off of the control of the co	Y (Home, far rice bldg., at Homicide IEF MEDICAL SISTANT MEIUTY MEDICA dress (Street, Y 24e. RE	Inspection Und EXAMINER DICAL EXAMINER City, town, or ec	Inquired in the state of the st	unable (County) ry [X], ar nanner [] 0/61 Rising , or country) Md.	to DATE SI Sun, []	(State) Opinion

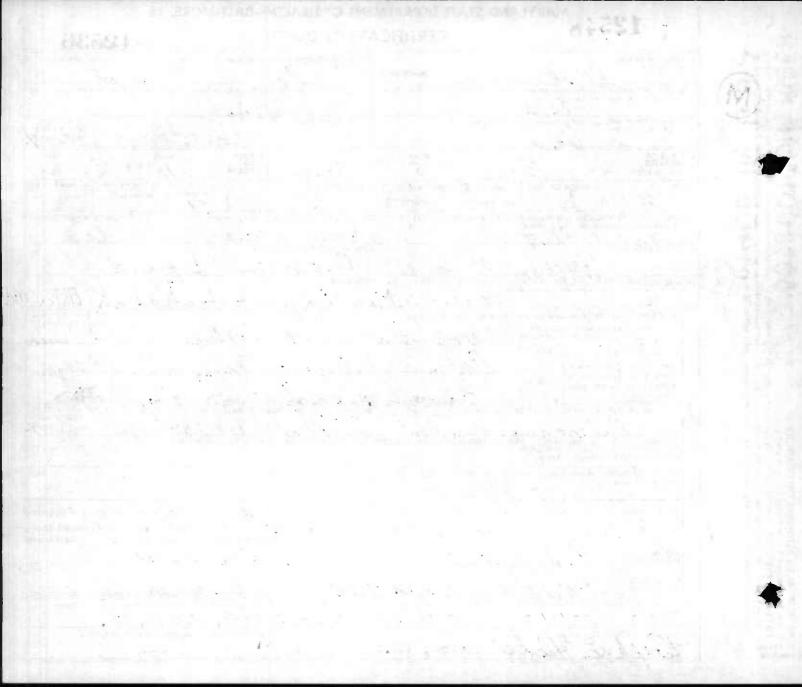
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CERTIFICATE OF DEATH Reg. Dist No. 3 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? by YES I NO TO NAME OF 4. DATE Middle Manth Year DECEASED DEATH (Type or print) 196 9. AGE (In years lost birthdoy) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths Days complet WIDOWED | DIVORCED | yrs. popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired orth Carolina puo carbon 13. FATHER'S NAME 14. MQTHER'S MAIDEN NAME physicion remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 72 ottending eose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which signed gove rise to immediate per DUE TO cause (a), stating the underlying couse lost. buriol-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS WAS AUTOPSY PERFORMED? removo hos 20g. ACCIDENT WAS UNDERLYING 70b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item YES NO NO (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) While Not while at work of work ___, 19_6, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 2014570M, from the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL pe SIGNATURE poined pinou PHYSICIAN'S NAME (Type) 22b. DATE THEREOF moy by 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) poge REMOVAL (Specify) Manor Memorial Park Elkton. Buria. 23. FUNERAD DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) lkton. 15M 9/5B

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	TIFICA	TE OF	DE	ATH

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1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RI)RAI and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL UIT not in hospitol, give street oddress) OR INSTITUTION NO N	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 2 - 10 1
3. NAME OF DECEASED (Type or print) Win First / Cld Schly	Simpers 4. DATE Month Day Year OF DEATH 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years lost birthdoy) 7. Wonths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done of the lower done) 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	1 Maryland U.S.A.
George Simpers	14. MOTHER'S MAIDEN NAME Annie Seth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	riss Hanna Simpers Elk Mills
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CAUSE OF DEATH (c)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED." (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram, saw the deceased alive an	death accurred at 2.14.M, from the causes and an the date stated abave. ATTENDING M.D. PHYS. ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIÁN'S NAME (Type) //man D. Johnson	40 123 Singerly Aug. ElAton M&
230. BURIAL, CREMATION. REMOVAL (Specify) BURIAL (1-24-6) Cherry	Hilloem-Cherry Hill Md.
24 HOTHERAL-DIRECTOR'S SIGNATURE Woman E. M. Maellen Rissing Ser	250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE

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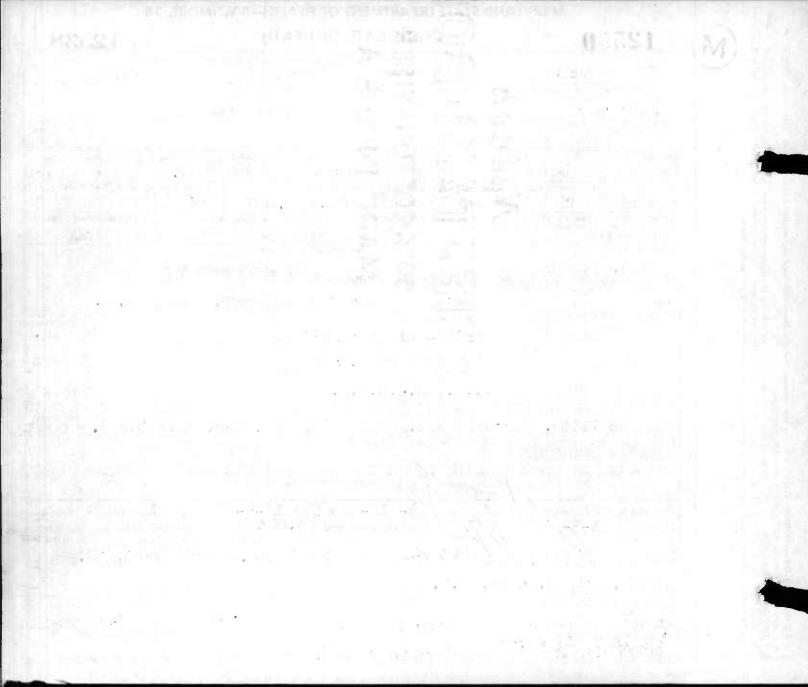
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg.	Digt.	No	1		3	

125	50	65	CERTIFIC	ATE OF DEA	TH		Reg. Di	1. 20	538	3
1. PLACE OF DEATH o. COUNTY	Ceci1		MARYLAND	2. USUAL RESIDENCE o. STATE Mary	•	ed lived. If institution b. COUNTY	on: Resider		re odmiss	ion)
b. CITY OR TOWN (RURAL ond give n North		its, write	c. LENGTH OF STAY IN 16 27 yrs		(If outside corp	porote limits, write R	URAL ond	give ned	arest town)
	TAL (If not in hospitol, g	give street	oddress)	d. STREET ADDRESS						IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Regina	rst	Middle M	Spann	4. DATE OF DEATI		th	Do 4	,	Year 19 61
5. SEX Female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 25,	,1867	9. AGE (In years lost birthdoy) 94 yrs.	Months	Doys Doys	Hours	R 24 HR Min.
10a. USUAL OCCUPATION during most of wor Housewi	king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SE		country)	12. CIT		WHAT C	OUNTRY
13. FATHER'S NAME Thomas	Mc Ennis		15.6	14. MOTHER'S MAIDE		Hennesey				
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	Miss Margare	et Span	n. North		Md.		1
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	C	ne for (o), (b), ond (c).] ardio-Vascu	lar failur	e				ERVAL BE	
Conditions, if a gove rise to it couse (o), stating lying couse lost.	mmediote ()	ilateral pn						3 da year	ays cs
PART II. OTI		ereb	CONTRIBUTING TO DEATH BUTTER ART. SC	lerosis, G	en. Ch	nr. Rh.A			PERFC	AUTOPS' PRMED? NO
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. I While of wor	Not while	PLACE OF INJURY (Home, foctory, street, office bldg.,	form, 20f. (Ci	ity or town)	(County)	П	(Stote
21. I certify the alive an ACTUAL SIGNATUREPHYSICIAN'S NAME (Type)	Luis M. C	deceds , y	and that deal	2- , 19 58 to th accurred at 8 2 M.D. Cecil	ADDRESS (, 19 <u>6,</u> n the causes an (Street, city or town, North I	d an th	e date	stated DAT	
220. BURIAL, CREMATIC REMOVAL (Specify Burial		OF	Immaculate			ATION (City, town, Clkton		Mary	(Stot	e)
23. FUNERAL DIRECTOR		+	ADDRESS North East, Ma	24a. K	OV 9 '6		STRAR'S SI			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH
COUNTY

Cecil

MARYLAND

2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before and a. STATE Maryland

MARYLAND

MARYLAND

a. COUNTY	Cecil		MARYLA	IND	a. STATE		yland	b, COU			a dinission,
b. CITY OR TOWN (if	outside corporate limi	ts,	c. LENGTH OF STAY	IN 16	c. CITY (OR TOWN (If outside co	orporate limits, wri	te RURAL end g	ive neerest	town)
Perry Po	int, Md.		2mo.2lday	s		Bet	terto	n	12	+X	2
d. NAME OF HOSPIT	AL OR INSTITUTION	if not in ho	spital, give street eddress)	d. STREE	T ADDRESS					RESIDENCE
Veterans A	dministra	tion	Hospital	110				-			□ № 🗔
3. NAME OF DECEASED	First		Middle		Last		4. DATI	E Mon	th E	ey 1	'eer
(Type or print)	LES	LIE	(NMI)		VICK	ROY	DEA!	TH Novem	ber 2	2 1	961
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIE	RTH		9. AGE (In year	-		DER 24 HRS.
Male	White	WIDOW			2-6-9	1		69 yrs.	Months Day	rs Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work	10b.	KIND OF BUSINESS OR IN				nty & Stete,	or foreign country	12. CITIZE	N OF WHA	T COUNTRY
done during most of wor Enginee			Chemical		Ohi	0			USA		
13. FATHER'S NAME	1 (100110)	4/	OHEMITOGI		14. MOTHER		NAME		1 0011	7	
	Not avai	lahle			Rose	Kirb	v				
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16	. SOCIAL SECURITY NO.	17. IN				Addre	is .		
(Yes, no, or unkown) (If	yes give war or dates of s WW-L	ervice)	None	Hos	nitel	Reco	rde	VAH, Per	rry Poi	nt. M	d.
		cause per	line for (e), (b), end (c).]	1103	proar	neco.	Lus,	vini, 10.	1 1 1 1 1	INTERVAL	
Conditions, if any geve rise to immedia (e), stetling the uncause lest.	te cause		nchogenic c	arci	.noma_	right	uppe	er lobe	of lung	ur	ıknowr
PART II. OTHER 20e. ACCIDENT WA 00 CONTRIBUTING 01 (IF EITHER, NOTIFY	SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	NAL DISEA	SE CONDITION GI	VEN IN PART 1(19. WA PE YES	S AUTOPSY REORMED?
OR CONTRIBUTING		20b. DE	SCRIBE HOW INJURY OC	CURED.	(Enter neture	of injury in	Pert I or Pe	rt II of item 18.)			
20c. TIME OF INJUS Hour e.m.	VA 19	Whi			E OF INJURY ry, street, offi			City or town)	(County)	(Stete)
			nded the deceased								
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	and XXXXXXXX	d that	death occi	ured 8.1.	20Mmfr	om the causes	and on the		
22e. SIGNATURE	1. L. m	100	ney	м.		~	MED. DIRECTOR	STAFF PHYS.)	22b. DATE SIGNE 1-22-
22c. PHYSICIAN'S NAME (Type)	A. L. MOO	NEY	Asst.Clini	cal	Patho		t, VAI	.Perry	Point.	Md.	
REMOVAL (Specify) Burial		/61	23c. NAME OF CEM Stil	ETERY O	R CREMATO		23d. LC	Still Po	own or county)		(Stete)
24 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS Pond,	Md.				GISTRAR 256. R			

filled in by the funeral Pages 1 and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 2 hours after dealth Page 4 may be retained by the hospital or attending physician.

O. SRAL DIRECTOR: After this certificate has been signed by the attending physician and condinector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon positive with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within TO VR A15 (4) 15M 7/61

g \ 1 The order of the state of the s best 7-8 Service and Control of the Commence of th THE RESERVE OF THE PARTY OF THE . D. PERLINGS, W. Fermas Houseart Bons, Still Pond, Mr.

X	MARYLAND	STATE DEPARTM	ENT OF HEALTH-	BALTIMORE, 1	8
Y	12552	CERTIFICA	ATE OF DEATH		Reg. Dist. N2540
M	1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE)	deceased lived. If institution b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		RAL and give nearest town)
6	d. NAME OF HOSPITAL (IF not in hospital, give street of OR INSTITUTION	Charles of the same	d. STREET ADDRESS	WORTH N	e. IS RESIDENCE ON A FARM? YES NO
0	3. NAME OF First DECEASED (Type or print)	Middle / AyLOR	1 / 1 / 1 / 10	DATE Month OF DEATH	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	ED THEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	PAPER	STRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME JAMES WILL	11 41615	14. MOTHER'S MAIDEN NAME	1 1/25	o W
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or doles of service)	11 -1 -26-5	NFORMANT 4VID K. WILLI	AMS CHEI	PRY HILL, Md.
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c)	e for (o), (b), and (c).] (EKS/P)/ES = //	HA ABSUE	E funds e vo	INTERVAL BETWEEN ONSET AND DEATH ISKING HARLES (SKING HARLES)
2	PART II. OTHER SIGNIFICANT CONDITIONS CO	HRIFTS, ASE	NOT RELATED TO THE TERMINAL THE TERMINAL D. (Enter noture of injury in Port I	5: DAMEL	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Yeor 20d. IN Hour o. m. While of work	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
1	21. I certify that I attended the decease alive an 196 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	d from 11/14 2 and that death 2 and that death 2 and that death			hat I last saw the deceased d an the date stated abave. DATE SIGNED
Q	220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	4-110 11111		GHMM, Md.
B	23. FUNERAL DIRECTOR'S SIGNATURE PIPPIN FUNERAL HOME &	Jack M. ILs	Md. DATENOV 2		TRAR'S SIGNATURE